



QUARTERLY STATEMENT

As of March 31, 2021
of the Condition and Affairs of the

WAYNE MUTUAL INSURANCE COMPANY

NAIC Group Code.....4678, 4678
(Current Period) (Prior Period)

Organized under the Laws of OH

Incorporated/Organized.....January 10, 1910

Statutory Home Office

3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691
(Street and Number) (City or Town, State, Country and Zip Code)

330-345-8100

(Area Code) (Telephone Number)

Mail Address

3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

330-345-8100

(Area Code) (Telephone Number)

Primary Location of Books and Records

3873 CLEVELAND ROAD .. WOOSTER .. OH .. US .. 44691
(Street and Number) (City or Town, State, Country and Zip Code)

330-345-8100

(Area Code) (Telephone Number)

Internet Web Site Address

www.wayneinsgroup.com

330-345-8100-358

(Area Code) (Telephone Number) (Extension)

Statutory Statement Contact

TIMOTHY JOHN SUPPES

330-345-1321

(Fax Number)

(Name)
TIM_SUPPES@WAYNEINSGROUP.COM
(E-Mail Address)

OFFICERS

Name
1. TIMOTHY JOHN SUPPES
3. MORRIS STUTZMAN

Title
PRESIDENT
SECRETARY

Name
2. TIMOTHY JOHN SUPPES
4.

Title
TREASURER

NORMAN HERBERT LEWIS

VICE PRESIDENT

JAMES EDWARD SUPPES

VICE PRESIDENT

OTHER

GREGORY TODD BUEHLER
DONALD ALVIN RAMSEYER

TOD JAMES CARMONY
MORRIS STUTZMAN

METTA FREEMAN MCCOY
TIMOTHY JOHN SUPPES

SCOTT LEE PREISING

State of..... OHIO
County of.... WAYNE

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.


(Signature)

TIMOTHY JOHN SUPPES

1. (Printed Name)

PRESIDENT

(Title)


(Signature)

TIMOTHY JOHN SUPPES

2. (Printed Name)

TREASURER

(Title)


(Signature)

MORRIS STUTZMAN

3. (Printed Name)

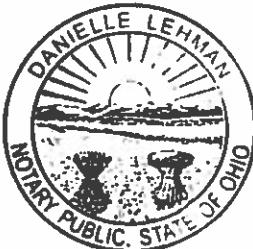
SECRETARY

(Title)

Subscribed and sworn to before me
This 14 day of May 2021

a. Is this an original filing?
b. If no: 1. State the amendment number
2. Date filed
3. Number of pages attached

Yes No



DANIELLE LEHMAN

NOTARY PUBLIC
STATE OF OHIO

My Commission Expires
February 14, 2024