

QUARTERLY STATEMENT

For the Quarter Ended June 30 , 2021

OF THE CONDITION AND AFFAIRS OF THE

WASHINGTON MUTUAL INSURANCE ASSOCIATION

ORGANIZED UNDER THE LAWS OF THE STATE OF OHIO

Made to the

INSURANCE COMMISSIONER OF THE STATE OF OHIO

Pursuant to the Laws thereof

| | | | | |
|---------------------------------|--|--------------------|-------------------|----|
| NAIC Company Code | 10255 | | | |
| Home Office | 3873 CLEVELAND ROAD Street and Number | WOOSTER City | 44691 Zip Code | OH |
| Mail Address | 3873 CLEVELAND ROAD Street and Number | WOOSTER City | 44691 Zip Code | OH |
| Main Administrative Office | (330) 345-8100 Telephone Number | | | |
| Organized | SEPTEMBER 18, 1878 | Commenced Business | OCTOBER 22, 1878 | |
| Annual Statement Contact Person | TIMOTHY JOHN SUPPES | Telephone Number | (330) 345-8100 | |
| Contact Person Email Address | TIM_SUPPES@WAYNEINSGROUP.COM | | | |

OFFICERS

| | | | |
|-----------|---------------------|----------------|---------------------|
| President | TIMOTHY JOHN SUPPES | Vice President | JAMES EDWARD SUPPES |
| Secretary | MORRIS STUTZMAN | Treasurer | TIMOTHY JOHN SUPPES |

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

| | | | |
|----------------------|-------------------|---------------------|-----------------|
| SCOTT LEE PREISING | TOD JAMES CARMONY | METTA MCCOY | MORRIS STUTZMAN |
| GREGORY TODD BUEHLER | DONALD A RAMSEYER | TIMOTHY JOHN SUPPES | |
| | | | |
| | | | |

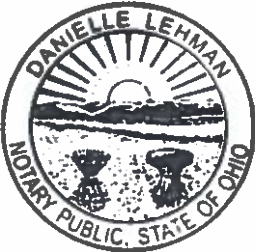
State of Ohio
County of
WAYNE

| | | | |
|--|---------------|-----------------|------------------|
| TIMOTHY JOHN SUPPES | President and | MORRIS STUTZMAN | Secretary of the |
| WASHINGTON MUTUAL INSURANCE ASSOCIATION | | | |
| being duly sworn each for himself/herself deposes and says, that they are the above described officers of said reporting entity, and that on the reporting period stated above all 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, with the schedules and explanations herein contained, annexed or referred to, is a full and correct 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, according to the best of their information, knowledge and belief, respectively. | | | |

Subscribed and sworn to before me, this 13 day of August 2021

[Signature]

Notary Public



DANIELLE LEHMAN
NOTARY PUBLIC
STATE OF OHIO
My Commission Expires
February 14, 2024

| | |
|---|-----------|
| [Signature] | President |
| [Signature] | Secretary |
| Signature of Person Preparing Statement | |