



QUARTERLY STATEMENT

As of June 30, 2021  
of the Condition and Affairs of the

WAYNE MUTUAL INSURANCE COMPANY

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

NAIC Company Code..... 16799

Employer's ID Number..... 34-0606100

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

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

Commenced Business..... March 1, 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)

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

Statutory Statement Contact

TIMOTHY JOHN SUPPES  
(Name)

TIM\_SUPPES@WAYNEINSGROUP.COM  
(E-Mail Address)

330-345-8100-358  
(Area Code) (Telephone Number) (Extension)

330-345-1321  
(Fax Number)

OFFICERS

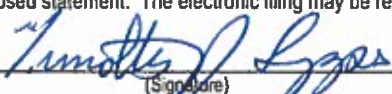
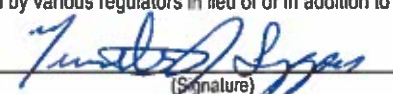

Name	Title	Name	Title
1. TIMOTHY JOHN SUPPES	PRESIDENT	2. TIMOTHY JOHN SUPPES	TREASURER
3. MORRIS STUTZMAN	SECRETARY	4.	
OTHER			
NORMAN HERBERT LEWIS	VICE PRESIDENT	JAMES EDWARD SUPPES	VICE PRESIDENT

DIRECTORS OR TRUSTEES

GREGORY TODD BUEHLER	TOD JAMES CARMONY	METTA FREEMAN MCCOY	SCOTT LEE PREISING
DONALD ALVIN RAMSEYER	MORRIS STUTZMAN	TIMOTHY JOHN SUPPES	

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.

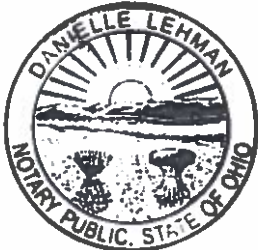
 (Signature)	 (Signature)	 (Signature)
TIMOTHY JOHN SUPPES	TIMOTHY JOHN SUPPES	MORRIS STUTZMAN
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	TREASURER	SECRETARY
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 13 day of August 2021



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

Yes [X] No [ ]



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