



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2021
OF THE CONDITION AND AFFAIRS OF THE

The National Mutual Insurance Company

NAIC Group Code 0035 0035 NAIC Company Code 20184 Employer's ID Number 34-4312510

Organized under the Laws of Ohio, State of Domicile or Port of Entry OH

Country of Domicile United States of America

Incorporated/Organized 09/14/1914 Commenced Business 01/07/1915

Statutory Home Office 1 Insurance Square Celina, OH, US 45822-1690
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1 Insurance Square
(Street and Number) 419-586-5181
(Area Code) (Telephone Number)

Mail Address 1 Insurance Square Celina, OH, US 45822-1690
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1 Insurance Square
(Street and Number) 419-586-5181-8238
(Area Code) (Telephone Number)

Internet Website Address www.celinainurance.com

Statutory Statement Contact Michael Stanley Kleinhenz 419-586-5181-8238
(Name) (Area Code) (Telephone Number)

mike.kleinhenz@celinainurance.com 419-586-6068
(E-mail Address) (FAX Number)

OFFICERS

President William West Montgomery Treasurer Michael Stanley Kleinhenz
Secretary Suzanne Lynn Wells

OTHER

Robert Mark Shoentfelt, Sr. VP - CIO Theodore Joseph Wissman #, Sr. VP - COO

DIRECTORS OR TRUSTEES

William West Montgomery, - Chairman Philip Marion Fullenkamp Nancy Montgomery Goldberg - Vice Chairman
David Thomas Mellin Wesley Moore Jetter John Michael Lazarich
Collin Jay Bryan John Richard Gregg

State of Ohio SS:
County of Mercer

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.

William West Montgomery
Chairman, President, CEO and General Manager

Suzanne Lynn Wells
Secretary

Michael Stanley Kleinhenz
Sr. VP - CFO and Treasurer

Subscribed and sworn to before me this
8th day of November 2021

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number
2. Date filed
3. Number of pages attached

Lori Homan
Accounting and Finance Manager
February 28, 2022



LORI HOMAN
Notary Public • State of Ohio
Recorded in Mercer County
My Commission Expires:
February 28, 2022