

QUARTERLY STATEMENT

For the Quarter Ended March 31 , 2022

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 12
day of May 2022

[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