



**QUARTERLY STATEMENT**  
**AS OF MARCH 31, 2022**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**WAYNE MUTUAL INSURANCE COMPANY**

NAIC Group Code	4678	4678	NAIC Company Code	16799	Employer's ID Number	34-0606100
	<i>(Current) (Prior)</i>					
Organized under the Laws of Country of Domicile	OH				State of Domicile or Port of Entry	OH
Incorporated/Organized	US					
Statutory Home Office	01/10/1910				Commenced Business	03/01/1910
Main Administrative Office	3873 CLEVELAND ROAD				WOOSTER, OH, US 44691	
	3873 CLEVELAND ROAD					
	WOOSTER, OH, US 44691					
Mail Address	3873 CLEVELAND ROAD				330-345-8100	
Primary Location of Books and Records	3873 CLEVELAND ROAD				(Telephone Number)	
	WOOSTER, OH, US 44691				WOOSTER, OH, US 44691	
Internet Website Address	WWW.WAYNEINSGROUP.COM				330-345-8100	
Statutory Statement Contact	TIMOTHY JOHN SUPPES				(Telephone Number)	
	TIM_SUPPES@WAYNEINSGROUP.COM				330-345-1321	
	(E-Mail Address)				(Fax Number)	
			OFFICERS			
	TIMOTHY JOHN SUPPES, PRESIDENT					MORRIS STUTZMAN, SECRETARY
	TIMOTHY JOHN SUPPES, TREASURER					
	NORMAN HERBERT LEWIS, VICE PRESIDENT		OTHER			
						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**

SS

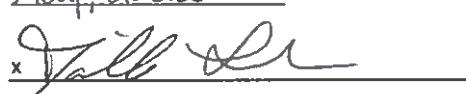
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

  
 x   
 TIMOTHY JOHN SUPPES  
 PRESIDENT

  
 x   
 TIMOTHY JOHN SUPPES  
 TREASURER

  
 x   
 MORRIS STUTZMAN  
 SECRETARY

Subscribed and sworn to before me  
 this 12 day of  
May, 2022

  
 x   
 DANIELLE LEHMAN

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



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