

QUARTERLY STATEMENT

For the Quarter Ended June 30 , 2022

OF THE CONDITION AND AFFAIRS OF THE

Eastern Ohio Mutual Fire and Tornado Insurance Company, Inc.

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	10331			
Home Office	23080 Cadiz Road Street and Number	Freeport City	43973 Zip Code	OH
Mail Address	23080 Cadiz Road Street and Number	Freeport City	43973 Zip Code	OH
Main Administrative Office	(740) 658-3672 Telephone Number			
Organized	June 21, 1895	Commenced Business	October 1895	
Annual Statement Contact Person	Kevin Luster	Telephone Number	(740) 658-3672	
Contact Person Email Address	eomft@yahoo.com			

OFFICERS

President	Marlene S. Bond	Vice President	
Secretary	Kevin Luster	Treasurer	Kevin Luster

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Jeffrey T. Tucker	Michael Groh		
Marlene S. Bond	Kevin Luster	Lisa Johns	

State of Ohio
County of
Guernsey

Marlene S. Bond	President and	Kevin Luster	Secretary of the
Eastern Ohio Mutual Fire and Tornado Insurance Company, Inc.			

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 8
day of August 20 22
Lori A. Roach
Notary Public



AMT-TZ	ACTING PRESIDENT
Allison Bopp Miller	P.O.A. Marlene S. Bond
	President
	Kevin Luster
	Secretary
Signature of Person Preparing Statement	