

QUARTERLY STATEMENT

For the Quarter Ended March 31 , 2023

OF THE CONDITION AND AFFAIRS OF THE

Mennonite Mutual Aid Society

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 10279

Home Office 1000 South Main Street Orrville 44667 OH  
Street and Number City Zip Code

Mail Address PO Box 300 Orrville 44667 OH  
Street and Number City Zip Code

Main Administrative Office (330) 682-2986  
Telephone Number

Organized April 10, 1907 Commenced Business June 5, 1905

Annual Statement Contact Person Scott Ezzo Telephone Number 330-684-4118

Contact Person Email Address sezzo@mennonitemutual.com

OFFICERS

President Thomas Troyer Vice President

Secretary George Bixler, Jr Treasurer George Bixler, Jr

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Robert Eugene Aschliman	George Bixler, Jr	Paul Bontrager	Tyson L Stuckey
Morris Stutzman	Patrick Helmuth	Donald Dravenstott	James Peter Suter

State of Ohio  
County of Wayne

Thomas Troyer President and George Bixler, Jr Secretary of the Mennonite Mutual Aid Society

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 2nd day of May 2023

Melanie J. Alger  
Notary Public  
State of Ohio  
My Comm. Expires April 18, 2026

President  
Secretary  
Signature of Person Preparing Statement