# QUARTERLY STATEMENT

For the Quarter Ended                June 30 , 2023

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            WOOSTER            44691            OH
                           Street and Number                City               Zip Code

**Mail Address**            3873 CLEVELAND ROAD            WOOSTER            44691            OH
                           Street and Number                City               Zip Code

**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)

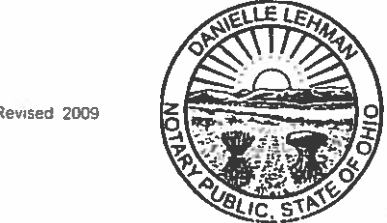| | | | |
|---|---|---|---|
| SCOTT LEE PREISING | TOD JAMES CARMONY | METTA MCCOY | MORRIS STUTZMAN |
| BENJAMIN ROBERT MAIBACH | DONALD A RAMSEYER | TIMOTHY JOHN SUPPES | |

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 11

day of August    20 23

Notary Public

Danielle Lehman

NOTARY PUBLIC
STATE OF OHIO

My Commission Expires
February 14, 2024

Revised 2009

President

Secretary

Signature of Person Preparing Statement