



Mike DeWine, Governor  
Jon Husted, Lt Governor

Department  
of Insurance

Judith L. French, Director

Electronic Filing Authenticity Affidavit

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2647 | 614-644-3256 (Fax) | insurance.ohio.gov

Ohio Domestic Insurers Only

Company Name: Wayne Mutual Insurance Company

NAIC No. 16799

We, the undersigned executive officers of Wayne Mutual Insurance Company (herein referred to as the "Company"), an insurance company organized under the laws of Ohio, hereby certify that the documents indicated below by an "X" were filed electronically with the National Association of Insurance Commissioners ("NAIC") and that the electronic filing or filings, including ".PDF" filings, are exact copies of the original documents, except for formatting differences due to electronic filing. The original documents are maintained in this Company's office and are available for inspection upon request by the Ohio Department of Insurance for at least five years following the date of filing. An executed, notarized NAIC Annual Statement or Quarterly Statement jurat page or an original, notarized signature page (if this filing relates to a supplemental filing without a jurat page) attesting to the accuracy and authenticity of the corresponding NAIC Annual Statement or Quarterly Statement or supplemental schedule is attached to this Affidavit.

Company Type: ☐ Fraternal ☐ Title ☒ Property & Casualty ☐ Life & Health ☐ Health ☐ Other \_\_\_\_\_

**Applicable documents:**

- ☐ The documents referred to in the *General Instructions* to the NAIC Checklist as "Annual Statement Electronic Filing[s]," which include "the annual statement data and all supplements due March 1, per the *Annual Statement instructions*. This includes all detail investment schedules and other supplements for which the Annual Statement Instructions exempt printed detail."  
Date of filing with the NAIC: \_\_\_\_\_ ☐ An original jurat page is attached.  
☐ Original filing. ☐ Amended filing.
- ☐ The documents referred to in the *General Instructions* to the NAIC Checklist as "Risk-Based Capital Electronic Filing," which "includes all risk-based capital data" due March 1.  
Date of filing with the NAIC: \_\_\_\_\_ ☐ An original, notarized signature page is attached.  
☐ Original filing. ☐ Amended filing.
- ☐ The documents referred to in the *General Instructions* to the NAIC Checklist as "Supplemental Electronic Filing," which "includes all supplements due April 1, per the *Annual Statement Instructions*."  
Date of filing with the NAIC: \_\_\_\_\_  
List of supplemental documents included in this Affidavit: \_\_\_\_\_  
☐ All original notarized signature pages are attached, as applicable.  
☐ Original filing. ☐ Amended filing.
- ☒ The documents referred to in the *General Instructions* to the NAIC Checklist as "Quarterly Statement Electronic Filing," which "includes the complete quarterly statement data" due May 15, August 15, and November 15.  
Date of filing with the NAIC: 08/11/2023  
☒ Original filing. ☐ Amended filing.
- ☐ The documents referred to in the *General Instructions* to the NAIC Checklist as "Combined Annual Statement Electronic Filing," which "includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit" due May 1.  
Date of filing with the NAIC: \_\_\_\_\_
- ☐ The documents referred to in the *General Instructions* to the NAIC Checklist as "June. PDF Filing," which includes "the Audited Financial Statements" due June 1.  
Date of filing with the NAIC: \_\_\_\_\_  
☐ Original filing. ☐ Amended filing.



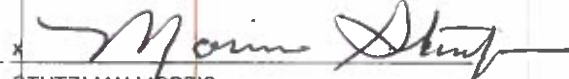
<u>[Signature]</u> 8-8-23	<u>[Signature]</u> 8-8-23	<u>[Signature]</u> 8/11/23
Signature	Signature	Signature
(Name) Timothy J Suppes	(Name) Timothy J Suppes	(Name) Morris Stutzman
(Title) President	(Title) Treasurer	(Title) Secretary

\*Signers must be principal executive officers of the Company (Chairman, President, CEO, CFO, Treasurer, Secretary)

QUARTERLY STATEMENT  
AS OF JUNE 30, 2023  
OF THE CONDITION AND AFFAIRS OF THE  
WAYNE MUTUAL INSURANCE COMPANY

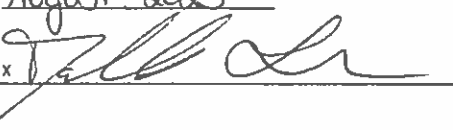
NAIC Group Code	4678	4678	NAIC Company Code	16799	Employer's ID Number	34-0606100
	(Current, (Prior))					
Organized under the Laws of	OH		State of Domicile or Port of Entry		OH	
Country of Domicile	US					
Incorporated/Organized	01/10/1910		Commenced Business		03/01/1910	
Statutory Home Office	3873 CLEVELAND ROAD		WOOSTER, OH, US 44691			
Main Administrative Office	3873 CLEVELAND ROAD		WOOSTER, OH, US 44691			
	WOOSTER, OH, US 44691		330-345-8100			
			(Telephone Number)			
Mail Address	3873 CLEVELAND ROAD		WOOSTER, OH, US 44691			
Primary Location of Books and Records	3873 CLEVELAND ROAD		WOOSTER, OH, US 44691			
	WOOSTER, OH, US 44691		330-345-8100			
			(Telephone Number)			
Internet Website Address	WWW.WAYNEINSGROUP.COM					
Statutory Statement Contact	TIMOTHY JOHN SUPPES		330-345-8100-358			
			(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						
OTHER						
NORMAN HERBERT LEWIS, VICE PRESIDENT			JAMES EDWARD SUPPES, VICE PRESIDENT			
DIRECTORS OR TRUSTEES						
TOD JAMES CARMONY			TIMOTHY JOHN SUPPES			
METTA FREEMAN MCCOY			SCOTT LEE PREISING			
DONALD ALVIN RAMSEYER			MORRIS STUTZMAN			
BENJAMIN ROBERT MAIBACH						
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.

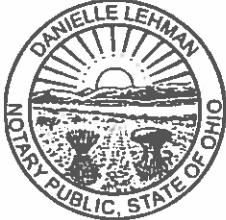
x 	x 	x 
TIMOTHY JOHN SUPPES PRESIDENT	TIMOTHY JOHN SUPPES TREASURER	STUTZMAN MORRIS SECRETARY

Subscribed and sworn to before me

this 11 day of August 2023

x 

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