

QUARTERLY STATEMENT

For the Quarter Ended

June 30, 2025

OF THE CONDITION AND AFFAIRS OF THE

West and Knox Mutual Insurance Company

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

10254

Home Office

355 Leatherberry Road

Street and Number

Carrollton, 44615

City

OH

Mail Address

355 Leatherberry Road

Street and Number

Carrollton, 44615

City

OH

Main Administrative Office

330-627-0230

Telephone Number

Organized

02-07-1878

Commenced Business

02-07-1878

Annual Statement Contact Person

Joyce Postlewaite

Telephone Number

330-627-0230

Contact Person Email Address

insurance@westandknox.com

OFFICERS

President

Sherman Oyer

Vice President

Charles Kooser

Secretary

Joyce Postlewaite

Treasurer

Joyce Postlewaite

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

Sherman Oyer

Charles Kooser

John Capron III

Kim W. Lentz

Richard Wilson

Donna Detchon

Christopher Tissot

State of Ohio

County of

Carroll

Sherman Oyer

President and

Joyce Postlewaite

Secretary of the

West and Knox Mutual Insurance Company

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 Aug 25

Bradley Eick

Notary Public



BRADLEY EICK
Notary Public
State of Ohio
My Comm. Expires
November 17, 2026

Revised 2009

Sherman Oyer
President
Joyce Postlewaite
Secretary

Signature of Person Preparing Statement