

June 30 , 2025

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

10255

OH

City

Zip Code

OH

Street and Number

City

Zip Code

Telephone Number

OCTOBER 22, 1878

(330) 345-8100

TIM SUPPES@WAYNEINSGROUP.COM

OFFICERS

JAMES EDWARD SUPPES

TIMOTHY JOHN SUPPES

DIRECTORS

(ALL DIRECTORS MUST BE SHOWN)

MORRIS STUTZMAN

TIMOTHY JOHN SUPPES

State of Ohio

County of _____

WAYNE

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

day of August 2025

Notary Public



DANIELLE LEHMAN
Notary Public
State of Ohio
My Comm. Expires
February 14, 2029

Revised 2009

Maime Stutzman
Secretary

Signature of Person Preparing Statement