



# ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

## HOME AND FARM INSURANCE COMPANY

NAIC Group Code.....46  
(Current Period) (Prior Period)

NAIC Company Code..... 17639

Employer's ID Number..... 35-1630739

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... January 29, 1985

Commenced Business..... March 5, 1985

Statutory Home Office

One Heritage Place..... Piqua ..... OH ..... US ..... 45356  
(Street and Number) (City or Town, State, County and Zip Code)

Main Administrative Office

One Heritage Place..... Piqua ..... OH ..... US..... 45356  
(Street and Number) (City or Town, State, County and Zip Code)

937-778-5000

(Area Code) (Telephone Number)

Mail Address

One Heritage Place..... Piqua ..... OH ..... US ..... 45356  
(Street and Number or P. O. Box) (City or Town, State, County and Zip Code)

Primary Location of Books and Records

One Heritage Place..... Piqua ..... OH ..... US ..... 45356  
(Street and Number) (City or Town, State, County and Zip Code)

937-778-5000

(Area Code) (Telephone Number)

Internet Web Site Address

N/A

937-778-5000

Statutory Statement Contact

Robert E. Bornhorst

937-778-5019

(Name)

rob.bornhorst@buckeye-ins.com

(Fax Number)

(E-Mail Address)

### OFFICERS

Name	Title	Name	Title
1. John M. Brooks #	President	2. Lisa Lyn Wesner	Secretary
3. Robert E. Bornhorst	Treasurer	4.	

President	Vice President
Treasurer	

Robert E. Bornhorst

Vice President

### OTHER

Donald E. Benschneider  
Ralph F. Thiele

Richard J. Seitz

J. MacAlpine Smith

William L. Sweet Jr.

### DIRECTORS OR TRUSTEES

State of..... Ohio  
County of.... Miami

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.

(Signature)  
John M. Brooks  
1. (Printed Name)  
President  
(Title)

(Signature)  
Lisa Lyn Wesner  
2. (Printed Name)  
Secretary  
(Title)

(Signature)  
Robert E. Bornhorst  
3. (Printed Name)  
Treasurer  
(Title)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 2017

a. Is this an original filing?

Yes [ X ] No [ ]

b. If no 1. State the amendment number

2. Date filed

3. Number of pages attached

**HOME AND FARM INSURANCE COMPANY**  
**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	6,586,800		6,586,800	6,076,472
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	93,591		93,591	80,914
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....269,391, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....27,163, Schedule DA).....	296,554		296,554	694,424
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	0		0	23
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	6,976,945	0	6,976,945	6,851,833
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	47,440		47,440	71,732
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	498,195		498,195	468,405
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	8,165		8,165	7,081
16.2 Funds held by or deposited with reinsured companies.....	2,000,000		2,000,000	2,000,000
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	38,337		38,337	16,304
18.2 Net deferred tax asset.....	356,077	224,485	131,592	155,894
19. Guaranty funds receivable or on deposit.....			0	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....	45,139		45,139	54,101
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	9,970,298	224,485	9,745,813	9,625,350
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	9,970,298	224,485	9,745,813	9,625,350

**DETAILS OF WRITE-INS**

1101.....			0	
1102.....			0	
1103.....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501.....			0	
2502.....			0	
2503.....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

**HOME AND FARM INSURANCE COMPANY**  
**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8).....	430,338	466,831
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	364,245	292,778
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	67,459	74,425
4. Commissions payable, contingent commissions and other similar charges.....	160,515	171,939
5. Other expenses (excluding taxes, licenses and fees).....	181,497	166,403
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	19,471	22,967
7.1 Current federal and foreign income taxes (including \$.....0 on realized capital gains (losses)).....	.....	.....
7.2 Net deferred tax liability.....	.....	.....
8. Borrowed money \$.....0 and interest thereon \$.....0.....	.....	.....
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$.....227,211 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act).....	1,011,382	943,574
10. Advance premium.....	.....	.....
11. Dividends declared and unpaid:		
11.1 Stockholders.....	.....	.....
11.2 Policyholders.....	.....	.....
12. Ceded reinsurance premiums payable (net of ceding commissions).....	100,562	100,974
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19).....	300,000	300,000
14. Amounts withheld or retained by company for account of others.....	.....	.....
15. Remittances and items not allocated.....	.....	.....
16. Provision for reinsurance (including \$.....0 certified) (Schedule F, Part 8).....	.....	.....
17. Net adjustments in assets and liabilities due to foreign exchange rates.....	.....	.....
18. Drafts outstanding.....	.....	.....
19. Payable to parent, subsidiaries and affiliates.....	163,948	146,705
20. Derivatives.....	.....	.....
21. Payable for securities.....	.....	.....
22. Payable for securities lending.....	.....	.....
23. Liability for amounts held under uninsured plans.....	.....	.....
24. Capital notes \$.....0 and interest thereon \$.....0.....	.....	.....
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....	2,799,417	2,686,596
27. Protected cell liabilities.....	.....	.....
28. Total liabilities (Lines 26 and 27).....	2,799,417	2,686,596
29. Aggregate write-ins for special surplus funds.....	0	0
30. Common capital stock.....	1,000,000	1,000,000
31. Preferred capital stock.....	.....	.....
32. Aggregate write-ins for other-than-special surplus funds.....	0	0
33. Surplus notes.....	.....	.....
34. Gross paid in and contributed surplus.....	7,454,463	7,454,463
35. Unassigned funds (surplus).....	(1,508,068)	(1,515,709)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 30 \$.....0).....	.....	.....
36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....	.....	.....
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39).....	6,946,395	6,938,754
38. TOTAL (Page 2, Line 28, Col. 3).....	9,745,812	9,625,350

**DETAILS OF WRITE-INS**

2501. Line 15 from 2000 Annual Statement.....	.....	.....
2502. .....	.....	.....
2503. .....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0
2901. Additional admitted deferred tax assets.....	.....	.....
2902. .....	.....	.....
2903. .....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0	0
3201. .....	.....	.....
3202. .....	.....	.....
3203. .....	.....	.....
3298. Summary of remaining write-ins for Line 32 from overflow page.....	0	0
3299. Totals (Lines 3201 through 3203 plus 3298) (Line 32 above).....	0	0

**HOME AND FARM INSURANCE COMPANY**  
**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4).....	2,091,311	1,977,600
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	1,330,381	1,116,760
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	139,210	128,937
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	762,253	665,829
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	2,231,844	1,911,526
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	(140,533)	66,074
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	146,940	115,664
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	12,438	1,192
11. Net investment gain (loss) (Lines 9 + 10).....	159,378	116,856
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0	
13. Finance and service charges not included in premiums.....		
14. Aggregate write-ins for miscellaneous income.....	0	0
15. Total other income (Lines 12 through 14).....	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15).....	18,845	182,930
17. Dividends to policyholders.....		
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17).....	18,845	182,930
19. Federal and foreign income taxes incurred.....	777	19,437
20. Net income (Line 18 minus Line 19) (to Line 22).....	18,068	163,493
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	6,938,757	6,711,052
22. Net income (from Line 20).....	18,068	163,493
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....2,919.....	5,666	(5,694)
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(343)	(6,057)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	(15,752)	75,963
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1).....		
29. Change in surplus notes.....		
30. Surplus (contributed to) withdrawn from Protected Cells.....		
31. Cumulative effect of changes in accounting principles.....		
32. Capital changes:		
32.1 Paid in.....		
32.2 Transferred from surplus (Stock Dividend).....		
32.3 Transferred to surplus.....		
33. Surplus adjustments:		
33.1 Paid in.....		
33.2 Transferred to capital (Stock Dividend).....		
33.3. Transferred from capital.....		
34. Net remittances from or (to) Home Office.....		
35. Dividends to stockholders.....		
36. Change in treasury stock (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1).....		
37. Aggregate write-ins for gains and losses in surplus.....	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37).....	7,639	227,705
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	6,946,396	6,938,757

DETAILS OF WRITE-INS		
0501.....		
0502.....		
0503.....		
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0
0599. Totals (Lines 0501 through 0503 plus 0598) (Line 5 above).....	0	0
1401.....		
1402.....		
1403.....		
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0	0
3701.....		
3702.....		
3703.....		
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0
3799. Totals (Lines 3701 through 3703 plus 3798) (Line 37 above).....	0	0

# HOME AND FARM INSURANCE COMPANY

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	2,128,917	1,930,128
2. Net investment income.....	218,279	134,180
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	2,347,196	2,064,308
5. Benefit and loss related payments.....	1,296,491	1,162,253
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	908,255	794,244
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	22,810	10,000
10. Total (Lines 5 through 9).....	2,227,556	1,966,497
11. Net cash from operations (Line 4 minus Line 10).....	119,640	97,811
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	2,091,781	1,388,193
12.2 Stocks.....	6,858	1,127
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....	36	24
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,098,675	1,389,344
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	2,637,650	2,945,569
13.2 Stocks.....	4,740	3,059
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	2,642,390	2,948,628
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(543,715)	(1,559,285)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	26,205	(7,660)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	26,205	(7,660)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(397,870)	(1,469,134)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	694,426	2,163,560
19.2 End of year (Line 18 plus Line 19.1).....	296,556	694,426

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20,0001 .....	.....	.....
---------------	-------	-------

**HOME AND FARM INSURANCE COMPANY**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1 - PREMIUMS EARNED**

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums December 31 Prior Year- per Col. 3, Last Year's Part 1	3 Unearned Premiums December 31 Current Year- per Col. 5, Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire.....	128,272	60,026	62,841	125,457
2. Allied lines.....	0	0	0	0
3. Farmowners multiple peril.....	560,067	244,975	262,144	542,898
4. Homeowners multiple peril.....	489,284	229,353	242,466	476,171
5. Commercial multiple peril.....	0	0	0	0
6. Mortgage guaranty.....	0	0	0	0
8. Ocean marine.....	0	0	0	0
9. Inland marine.....	13,298	6,149	6,490	12,957
10. Financial guaranty.....	0	0	0	0
11.1 Medical professional liability - occurrence.....	0	0	0	0
11.2 Medical professional liability - claims-made.....	0	0	0	0
12. Earthquake.....	0	0	0	0
13. Group accident and health.....	0	0	0	0
14. Credit accident and health (group and individual).....	0	0	0	0
15. Other accident and health.....	0	0	0	0
16. Workers' compensation.....	0	0	0	0
17.1 Other liability - occurrence.....	24,710	10,850	11,394	24,166
17.2 Other liability - claims-made.....	0	0	0	0
17.3 Excess workers' compensation.....	0	0	0	0
18.1 Products liability - occurrence.....	0	0	0	0
18.2 Products liability - claims-made.....	0	0	0	0
19.1, 19.2 Private passenger auto liability.....	497,892	203,623	222,293	479,222
19.3, 19.4 Commercial auto liability.....	0	0	0	0
21. Auto physical damage.....	445,596	188,598	203,754	430,440
22. Aircraft (all perils).....	0	0	0	0
23. Fidelity.....	0	0	0	0
24. Surety.....	0	0	0	0
26. Burglary and theft.....	0	0	0	0
27. Boiler and machinery.....	0	0	0	0
28. Credit.....	0	0	0	0
29. International.....	0	0	0	0
30. Warranty.....	0	0	0	0
31. Reinsurance - nonproportional assumed property.....	0	0	0	0
32. Reinsurance - nonproportional assumed liability.....	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines.....	0	0	0	0
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. TOTALS.....	2,159,119	943,574	1,011,382	2,091,311

**DETAILS OF WRITE-INS**

3401. ....	0	0	0	0
3402. ....	0	0	0	0
3403. ....	0	0	0	0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0

**HOME AND FARM INSURANCE COMPANY**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1A - RECAPITULATION OF ALL PREMIUMS**

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire.....	62,841				62,841
2. Allied lines.....					0
3. Farmowners multiple peril.....	262,144				262,144
4. Homeowners multiple peril.....	242,466				242,466
5. Commercial multiple peril.....					0
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....	6,490				6,490
10. Financial guaranty.....					0
11.1 Medical professional liability - occurrence.....					0
11.2 Medical professional liability - claims-made.....					0
12. Earthquake.....					0
13. Group accident and health.....					0
14. Credit accident and health (group and individual).....					0
15. Other accident and health.....					0
16. Workers' compensation.....					0
17.1 Other liability - occurrence.....	11,394				11,394
17.2 Other liability - claims-made.....					0
17.3 Excess workers' compensation.....					0
18.1 Products liability - occurrence.....					0
18.2 Products liability - claims-made.....					0
19.1, 19.2 Private passenger auto liability.....	222,293				222,293
19.3, 19.4 Commercial auto liability.....					0
21. Auto physical damage.....	203,754				203,754
22. Aircraft (all perils).....					0
23. Fidelity.....					0
24. Surety.....					0
26. Burglary and theft.....					0
27. Boiler and machinery.....					0
28. Credit.....					0
29. International.....					0
30. Warranty.....					0
31. Reinsurance - nonproportional assumed property.....					0
32. Reinsurance - nonproportional assumed liability.....					0
33. Reinsurance - nonproportional assumed financial lines.....					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0
35. TOTALS.....	1,011,382	0	0	0	1,011,382
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					1,011,382

**DETAILS OF WRITE-INS**

3401. ....					0
3402. ....					0
3403. ....					0
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0

(a) State here basis of computation used in each case: Daily pro rata

**HOME AND FARM INSURANCE COMPANY**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1B - PREMIUMS WRITTEN**

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written (Cols. 1 + 2 + 3 - 4 - 5)
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire.....		128,272				128,272
2. Allied lines.....						0
3. Farmowners multiple peril.....		560,067				560,067
4. Homeowners multiple peril.....		489,284				489,284
5. Commercial multiple peril.....						0
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....		13,298				13,298
10. Financial guaranty.....						0
11.1 Medical professional liability - occurrence.....						0
11.2 Medical professional liability - claims-made.....						0
12. Earthquake.....						0
13. Group accident and health.....						0
14. Credit accident and health (group and individual).....						0
15. Other accident and health.....						0
16. Workers' compensation.....						0
17.1 Other liability - occurrence.....	490,451	24,710		469,840	20,611	24,710
17.2 Other liability - claims-made.....						0
17.3 Excess workers' compensation.....						0
18.1 Products liability - occurrence.....						0
18.2 Products liability - claims-made.....						0
19.1, 19.2 Private passenger auto liability.....		497,892				497,892
19.3, 19.4 Commercial auto liability.....						0
21. Auto physical damage.....		445,596				445,596
22. Aircraft (all perils).....						0
23. Fidelity.....						0
24. Surety.....						0
26. Burglary and theft.....						0
27. Boiler and machinery.....						0
28. Credit.....						0
29. International.....						0
30. Warranty.....						0
31. Reinsurance - nonproportional assumed property.....	XXX					0
32. Reinsurance - nonproportional assumed liability.....	XXX					0
33. Reinsurance - nonproportional assumed financial lines.....	XXX					0
34. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
35. TOTALS.....	490,451	2,159,119	0	469,840	20,611	2,159,119

**DETAILS OF WRITE-INS**

3401. ....						0
3402. ....						0
3403. ....						0
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [ ] No [ X ]

If yes: 1. The amount of such installment premiums \$.....0.

2. Amount at which such installment premiums would have been reported had they been recorded on an annualized basis \$.....0.

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2 - LOSSES PAID AND INCURRED**

Line of Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire.....				64,235			10,291	
2. Allied lines.....							0	0
3. Farmowners multiple peril.....				394,527			66,955	
4. Homeowners multiple peril.....				280,109			70,611	
5. Commercial multiple peril.....							0	0.0
6. Mortgage guaranty.....							0	0.0
8. Ocean marine.....							0	0.0
9. Inland marine.....				1,346			1,854	
10. Financial guaranty.....							0	0.0
11.1 Medical professional liability - occurrence.....							0	0.0
11.2 Medical professional liability - claims-made.....							0	0.0
12. Earthquake.....							0	0.0
13. Group accident and health.....							0	0.0
14. Credit accident and health (group and individual).....							0	0.0
15. Other accident and health.....							0	0.0
16. Workers' compensation.....							0	0.0
17.1 Other liability - occurrence.....				75,381			11,073	
17.2 Other liability - claims-made.....							11,858	
17.3 Excess workers' compensation.....							0	0.0
18.1 Products liability - occurrence.....							0	0.0
18.2 Products liability - claims-made.....							0	0.0
19.1, 19.2 Private passenger auto liability.....				309,791			260,590	
19.3, 19.4 Commercial auto liability.....							269,314	
21. Auto physical damage.....				311,784			8,964	
22. Aircraft (all perils).....							15,096	
23. Fidelity.....							0	0.0
24. Surety.....							0	0.0
26. Burglary and theft.....							0	0.0
27. Boiler and machinery.....							0	0.0
28. Credit.....							0	0.0
29. International.....							0	0.0
30. Warranty.....							0	0.0
31. Reinsurance - nonproportional assumed property.....		XXX.					0	0.0
32. Reinsurance - nonproportional assumed liability.....		XXX.					0	0.0
33. Reinsurance - nonproportional assumed financial lines.....		XXX.					0	0.0
34. Aggregate write-ins for other lines of business.....	0	0	0				0	0.0
35. TOTALS.....		75,381	1,366,874	75,381		1,366,874	430,338	
							466,831	
							1,330,381	
								63.6
<b>DETAILS OF WRITE-INS</b>								
3401. ....					0		0	
3402. ....					0		0	
3403. ....					0		0	
3498. Summary of remaining write-ins for Line 34 from overflow page.....		0	0	0	0		0	XXX.
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....		0	0	0	0		0	0.0

**UNDERWRITING AND INVESTMENT EXHIBIT****PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES**

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1	2	3	4	5	6	7		
	Direct	Reinsurance Assumed	Deduct Reinsurance Recoverable	Net Losses Excluding Incurred but not Reported (Cols. 1 + 2 - 3)	Direct	Reinsurance Assumed	Reinsurance Ceded	Net Losses Unpaid (Cols. 4 + 5 + 6 - 7)	Net Unpaid Loss Adjustment Expenses
1. Fire.....			4,250	4,250				10,291	1,728
2. Allied lines.....				0				0	
3. Farmowners multiple peril.....			42,644	42,644				66,955	11,562
4. Homeowners multiple peril.....			45,556	45,556				70,611	14,173
5. Commercial multiple peril.....				0				0	
6. Mortgage guaranty.....				0				0	
8. Ocean marine.....				0				0	
9. Inland marine.....			165	165				1,854	18
10. Financial guaranty.....				0				0	
11.1 Medical professional liability - occurrence.....				0				0	
11.2 Medical professional liability - claims-made.....				0				0	
12. Earthquake.....				0				0	
13. Group accident and health.....				0				(a). 0	
14. Credit accident and health (group and individual).....				0				0	
15. Other accident and health.....				0				(a). 0	
16. Workers' compensation.....				0				0	
17.1 Other liability - occurrence.....		16,000	800	16,000	800	189,027	10,273	189,027	11,073 .5,296
17.2 Other liability - claims-made.....				0				0	
17.3 Excess workers' compensation.....				0				0	
18.1 Products liability - occurrence.....				0				0	
18.2 Products liability - claims-made.....				0				0	
19.1, 19.2 Private passenger auto liability.....			173,890	173,890				260,590	.31,267
19.3, 19.4 Commercial auto liability.....				0				0	
21. Auto physical damage.....			(6,240)	(6,240)				8,964	3,415
22. Aircraft (all perils).....				0				0	
23. Fidelity.....				0				0	
24. Surety.....				0				0	
26. Burglary and theft.....				0				0	
27. Boiler and machinery.....				0				0	
28. Credit.....				0				0	
29. International.....				0				0	
30. Warranty.....				0				0	
31. Reinsurance - nonproportional assumed property.....		XXX		0	XXX			0	
32. Reinsurance - nonproportional assumed liability.....		XXX		0	XXX			0	
33. Reinsurance - nonproportional assumed financial lines.....		XXX		0	XXX			0	
34. Aggregate write-ins for other lines of business.....		0	0	0	0	0	0	0	0
35. TOTALS.....		16,000	261,065	16,000	261,065	189,027	169,273	189,027	430,338 .67,459

**DETAILS OF WRITE-INS**

3401. ....					0				0
3402. ....					0				0
3403. ....					0				0
3498. Summary of remaining write-ins for Line 34 from overflow page.....		0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....		0	0	0	0	0	0	0	0

(a) Including \$.....0 for present value of life indemnity claims.

**HOME AND FARM INSURANCE COMPANY**  
**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 3 - EXPENSES**

	1	2 Other Underwriting Expenses	3 Investment Expenses	4
	Loss Adjustment Expenses			Total
1. Claim adjustment services:				
1.1 Direct.....	13,321			13,321
1.2 Reinsurance assumed.....	54,853			54,853
1.3 Reinsurance ceded.....	13,321			13,321
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	54,853	0	0	54,853
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		86,744		86,744
2.2 Reinsurance assumed, excluding contingent.....		266,562		266,562
2.3 Reinsurance ceded, excluding contingent.....		86,744		86,744
2.4 Contingent - direct.....		45,316		45,316
2.5 Contingent - reinsurance assumed.....				0
2.6 Contingent - reinsurance ceded.....				0
2.7 Policy and membership fees.....				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7).....	0	311,878	0	311,878
3. Allowances to manager and agents.....		1,243		1,243
4. Advertising.....		8,340		8,340
5. Boards, bureaus and associations.....		19,480		19,480
6. Surveys and underwriting reports.....		16,608		16,608
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	49,090	160,500	768	210,358
8.2 Payroll taxes.....	3,429	11,214	42	14,685
9. Employee relations and welfare.....	5,653	16,507	31	22,191
10. Insurance.....	4,752	17,522	81	22,355
11. Directors' fees.....	4,223	13,821		18,044
12. Travel and travel items.....	2,237	6,943		9,180
13. Rent and rent items.....	788	3,506	24	4,318
14. Equipment.....	457	1,497		1,954
15. Cost or depreciation of EDP equipment and software.....	9,020	29,583		38,603
16. Printing and stationery.....	2,149	6,940	427	9,516
17. Postage, telephone and telegraph, exchange and express.....	2,559	8,402		10,961
18. Legal and auditing.....		55,519		55,519
19. Totals (Lines 3 to 18).....	84,357	377,625	1,373	463,355
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		58,668		58,668
20.2 Insurance department licenses and fees.....		12,890		12,890
20.3 Gross guaranty association assessments.....		123		123
20.4 All other (excluding federal and foreign income and real estate).....				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4).....	0	71,681	0	71,681
21. Real estate expenses.....				0
22. Real estate taxes.....		17		17
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	1,052	11,221	12,273
25. Total expenses incurred.....	139,210	762,253	12,594	(a).....914,057
26. Less unpaid expenses - current year.....	67,458	361,449		428,907
27. Add unpaid expenses - prior year.....	74,425	361,299		435,724
28. Amounts receivable relating to uninsured plans, prior year.....				0
29. Amounts receivable relating to uninsured plans, current year.....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29).....	146,177	762,103	12,594	920,874

**DETAILS OF WRITE-INS**

2401. MISCELLANEOUS.....		657		657
2402. CONTRIBUTIONS.....		395		395
2403. INVESTMENT MGT. FEE.....			11,221	11,221
2498. Summary of remaining write-ins for Line 24 from overflow page.....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above).....	0	1,052	11,221	12,273

(a) Includes management fees of \$....55,200 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....47,302	24,726
1.1 Bonds exempt from U.S. tax.....	(a).....21,301	12,670
1.2 Other bonds (unaffiliated).....	(a).....112,601	119,655
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....2,158	2,158
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....463	325
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	0	0
10. Total gross investment income.....	183,825	159,534
11. Investment expenses.....	(g).....	12,594
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....	0
15. Aggregate write-ins for deductions from investment income.....	.....	0
16. Total deductions (Lines 11 through 15).....	.....	12,594
17. Net investment income (Line 10 minus Line 16).....	.....	146,940

**DETAILS OF WRITE-INS**

0901.....	.....	.....
0902.....	.....	.....
0903.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	0	0

- (a) Includes \$....5,043 accrual of discount less \$....52,090 amortization of premium and less \$....10,605 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....246	.....	246	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....3,248	.....	3,248	.....	.....
1.2 Other bonds (unaffiliated).....	.....8,009	.....	8,009	.....	.....
1.3 Bonds of affiliates.....	.....	.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....	.....	0	.....	.....
2.11 Preferred stocks of affiliates.....	.....	.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	.....713	.....	713	.....8,584	.....
2.21 Common stocks of affiliates.....	.....209	.....	209	.....	.....
3. Mortgage loans.....	.....	.....	0	.....	.....
4. Real estate.....	.....	.....	0	.....	.....
5. Contract loans.....	.....	.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....	.....	0	.....	.....
7. Derivative instruments.....	.....	.....	0	.....	.....
8. Other invested assets.....	.....13	.....	13	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	12,438	0	12,438	.....8,584	0

**DETAILS OF WRITE-INS**

0901.....	.....	.....	0	.....	.....
0902.....	.....	.....	0	.....	.....
0903.....	.....	.....	0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above).....	0	0	0	0	0

**HOME AND FARM INSURANCE COMPANY**  
**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....		5,288	5,288
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	5,288	5,288
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....	224,485	203,445	(21,040)
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other-than-invested assets.....	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	224,485	208,733	(15,752)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	224,485	208,733	(15,752)

**DETAILS OF WRITE-INS**

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0
2501.....			0
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The accompanying financial statements of the Home and Farm Insurance Company have been prepared on the basis of accounting practices prescribed or permitted by the Indiana Insurance Department.

The state of Indiana requires insurance companies domiciled in the state of Indiana to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Ohio Insurance Department

	SSAP #	F/S Page	F/S Line #	2016	2015
<b>NET INCOME</b>					
(1) HOME AND FARM INSURANCE COMPANY state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 18,068	\$ 163,493
(2) State Prescribed Practices that increase/decrease NAIC SAP					
(3) State Permitted Practices that increase/decrease NAIC SAP					
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 18,068	\$ 163,493
<b>SURPLUS</b>					
(5) HOME AND FARM INSURANCE COMPANY state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 6,946,395	\$ 6,938,754
(6) State Prescribed Practices that increase/decrease NAIC SAP					
(7) State Permitted Practices that increase/decrease NAIC SAP					
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 6,946,395	\$ 6,938,754

**B. Use of Estimates in the Preparation of the Financial Statement**

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

**C. Accounting Policy**

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed. Expenses incurred in connection with acquiring new insurance business, including acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at amortized value using the interest method. Non-investment grade bonds are stated at the lower of amortized value or fair value.
3. Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at market.
4. Redeemable preferred stocks are stated at amortized value. Perpetual preferred stocks are stated at fair value. Non-investment grade preferred stocks are stated at the lower of amortized value or fair value.
5. The Company does not have any mortgage loans.
6. Loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.
7. A non-insurance subsidiary (Home and Farm Insurance Agency) is stated at statutory equity value.
8. The Company does not have any joint ventures or partnerships.
9. The Company does not carry any derivatives.
10. The Company does not anticipate investment income as a factor in premium deficiency calculations.
11. Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates, loss reports, and an amount based on past experience for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed, and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.

**D. Going Concern**

Not applicable

**NOTES TO FINANCIAL STATEMENTS****Note 2 – Accounting Changes and Corrections of Errors**

Not applicable

**Note 3 – Business Combinations and Goodwill**

## A. Statutory Purchase Method

Not applicable

## B. Statutory Mergers

Home and Farm Insurance Company merged with Global Insurance Company (NAIC 20168) effective December 31, 2015, with Home and Farm being the surviving entity.

The transaction was accounted for as a statutory merger.

No shares of stock were issued in the transaction.

Per merger company revenue, net income, and surplus for the 12 months ended December 31, 2015 were \$2,048,254, \$116,487, and \$3,373,094 for Home and Farm and \$63,162, \$43,608, and \$3,565,660 for Global

## C. Impairment Loss

Not applicable

**Note 4 – Discontinued Operations**

Not applicable

**Note 5 – Investments**

## A. Mortgage Loans, including Mezzanine Real Estate Loans

Not applicable

## B. Debt Restructuring

Not applicable

## C. Reverse Mortgages

Not applicable

## D. Loan-Backed Securities

(1)

		1	2	3
(2)		Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss	Fair Value 1 – 2
<b>OTTI recognized 1<sup>st</sup> Quarter</b>				
a.	Intent to sell	\$	\$	\$
b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
c.	<b>Total 1<sup>st</sup> Quarter</b>	\$	\$	\$
<b>OTTI recognized 2<sup>nd</sup> Quarter</b>				
d.	Intent to sell	\$	\$	\$
e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
f.	<b>Total 2<sup>nd</sup> Quarter</b>	\$	\$	\$
<b>OTTI recognized 3<sup>rd</sup> Quarter</b>				
g.	Intent to sell	\$	\$	\$
h.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
i.	<b>Total 3<sup>rd</sup> Quarter</b>	\$	\$	\$
<b>OTTI recognized 4<sup>th</sup> Quarter</b>				
j.	Intent to sell	\$	\$	\$
k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis			
l.	<b>Total 4<sup>th</sup> Quarter</b>	\$	\$	\$

**NOTES TO FINANCIAL STATEMENTS**

m. Annual aggregate total	XXX	\$	XXX
---------------------------	-----	----	-----

## (3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
	\$	\$	\$	\$	\$	
Total						

## (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	\$ 8,828
		2.	12 Months or Longer	\$ 1,609
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than 12 Months	\$ 910,987
		2.	12 Months or Longer	\$ 74,883

## (5)

## E. Repurchase Agreements and/or Securities Lending Transactions

Not applicable

## F. Real Estate

Not applicable

## G. Investments in Low-Income Housing Trade Credits (LIHTC)

Not applicable

## H. Restricted Assets

Not applicable

## I. Working Capital Finance Investments

Not applicable

## J. Offsetting and Netting of Assets and Liabilities

Not applicable

## K. Structured Notes

Not applicable

## L. 5\* Securities

Not applicable

**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

## A. Detail for Those Greater than 10% of Admitted Assets

Not applicable

## B. Writedowns for impairments

Not applicable

**Note 7 – Investment Income**

## A. Accrued Investment Income

The Company nonadmits investment income due and accrued if amounts are over 90 days past due.

## B. Amounts Nonadmitted

Not applicable

**Note 8 – Derivative Instruments**

Not applicable

**NOTES TO FINANCIAL STATEMENTS****Note 9 – Income Taxes**

## A. Deferred Tax Assets/(Liabilities)

## 1. Components of Net Deferred Tax Asset/(Liability)

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 351,351	\$ 6,130	\$ 357,481	\$ 347,981	\$ 12,717	\$ 360,698	\$ 3,370	\$ (6,587)	\$ (3,217)
b. Statutory valuation allowance adjustment									
c. Adjusted gross deferred tax assets (1a-1b)	351,351	6,130	357,481	347,981	12,717	360,698	3,370	(6,587)	(3,217)
d. Deferred tax assets nonadmitted	218,355	6,130	224,485	194,396	9,049	203,445	23,959	(2,919)	21,040
e. Subtotal net admitted deferred tax asset (1c-1d)	132,996		132,996	153,585	3,668	157,253	(20,589)	(3,668)	(24,257)
f. Deferred tax liabilities	222	1,182	1,404	291	1,068	1,359	(69)	114	45
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 132,774	\$ (1,182)	\$ 131,592	\$ 153,294	\$ 2,600	\$ 155,894	\$ (20,520)	\$ (3,782)	\$ (24,302)

## 2. Admission Calculation Components

	2016			2015			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 26,384	\$ 26,384	\$ 26,384	\$ 21,928	\$ 3,668	\$ 25,596	\$ 4,456	\$ (3,668)	\$ 788
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	105,208		105,208	130,298		130,298	(25,090)		(25,090)
Adjusted gross deferred tax assets expected to be realized following the balance sheet date	105,208		105,208	130,298		130,298	(25,090)		(25,090)
Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	1,404		1,404	1,359		1,359	45		45
d. Deferred tax assets admitted as the result of application of SSAP 101.									
Total (2(a)+2(b)+2(c))	\$ 132,996	\$ 132,996	\$ 153,585	\$ 3,668	\$ 157,253	\$ (20,589)	\$ (3,668)	\$ (24,257)	

**NOTES TO FINANCIAL STATEMENTS**

## 3. Other Admissibility Criteria

		2016	2015
a.	Ratio percentage used to determine recovery period and threshold limitation amount	2,946.000%	3,419.000%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 3,814,803	\$ 6,782,860

## 4. Impact of Tax Planning Strategies

## (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2016		12/31/2015		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$ 351,351	\$ 6,130	\$ 347,981	\$ 12,717	\$ 3,370	\$ (6,587)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	%	%	%	%	%	%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 132,996	\$ 153,585	\$ 3,668	\$ (20,589)	\$ (3,668)	
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance? NO

## B. Deferred Tax Liabilities Not Recognized

## C. Current and Deferred Income Taxes

## 1. Current Income Tax

	1 2016	2 2015	3 (Col 1-2) Change
a. Federal	\$ 777	\$ 19,437	\$ (18,660)
b. Foreign			
c. Subtotal	\$ 777	\$ 19,437	\$ (18,660)
d. Federal income tax on net capital gains		6,171	(6,171)
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	\$ 777	\$ 25,608	\$ (24,831)

## 2. Deferred Tax Assets

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 8,662	\$ 10,608	\$ (1,946)
2. Unearned premium reserve	68,774	64,163	4,611
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward	273,915	272,883	1,032
12. Tax credit carry-forward			
13. Other (including items <5% of total ordinary tax assets)		327	(327)
99. Subtotal	\$ 351,351	\$ 347,981	\$ 3,370
b. Statutory valuation allowance adjustment			
c. Nonadmitted	218,355	194,396	23,959
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 132,996	\$ 153,585	\$ (20,589)
e. Capital:			
1. Investments	\$ 6,130	\$ 12,717	\$ (6,587)
2. Net capital loss carry-forward			
3. Real estate			

**NOTES TO FINANCIAL STATEMENTS**

4. Other (including items <5% of total capital tax assets)				
99. Subtotal	\$ 6,130	\$ 12,717	\$ (6,587)	
f. Statutory valuation allowance adjustment				
g. Nonadmitted	6,130	9,049	(2,919)	
h. Admitted capital deferred tax assets (2e99-2f-2g)		3,668	(3,668)	
i. Admitted deferred tax assets (2d+2h)	\$ 132,996	\$ 157,253	\$ (24,257)	

## 3. Deferred Tax Liabilities

	1 2016	2 2015	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$	\$	\$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (including items <5% of total ordinary tax liabilities)	222	291	(69)
99. Subtotal	\$ 222	\$ 291	\$ (69)
b. Capital:			
1. Investments	\$ 1,182	\$ 1,068	\$ 114
2. Real estate			
3. Other (including items <5% of total capital tax liabilities)			
99. Subtotal	1,182	1,068	114
c. Deferred tax liabilities (3a99+3b99)	\$ 1,404	\$ 1,359	\$ 45
4. Net Deferred Tax Assets (2i – 3c)	\$ 131,592	\$ 155,894	\$ (24,302)

## D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
<b>Permanent Differences:</b>		
Provision computed at statutory rate	\$ 6,408	34%
Proration of tax exempt investment income	1,734	9.2%
Tax exempt income deduction	(11,045)	-58.6%
Dividends received deduction	(513)	-2.7%
Disallowable travel and entertainment		%
Other permanent differences		%
<b>Temporary Differences:</b>		
Other	\$ 1,103	5.9%
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
<b>Other:</b>		
Statutory valuation allowance adjustment	\$	%
Accrual adjustment – prior year	3,433	18.2%
Other		%
Totals	\$ 1,120	%
Federal and foreign income taxes incurred	777	%
Realized capital gains (losses) tax		%
Change in net deferred income taxes	343	%
Total statutory income taxes	\$ 1,120	%

## E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

At December 31, 2016, the Company had the following unused operating loss carryforwards available to offset against future taxable income.

Year of Loss	Amount	Expir ation
2003	19,004	2022
2004	413,850	2023
2006	52,878	2025
2008	49,687	2027
2009	127,479	2028
2010	15,466	2029
2011	110,541	2030
2012	17,988	2031
Total	806,893	

**NOTES TO FINANCIAL STATEMENTS**

The following is income tax expense for 2016 and 2015 that is available for recoupment in the event of future net losses:

Year	Amount
2016	\$
2015	\$ 26,385

The Company did not have any protective tax deposits under Section 6603 of the Internal Revenue Code.

F. Consolidated Federal Income Tax Return

The Company does not file a consolidated tax return with the following entities:

G. Federal or Foreign Federal Income Tax Loss Contingencies

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

A. Nature of Relationships

100% of the outstanding shares of the Company are owned by Buckeye State Mutual Insurance Company of Piqua, Ohio (31-6035649, NAIC 16713).

B. Detail of Transactions Greater than 1/2% of Admitted Assets

Not applicable

C. Change in Terms of Intercompany Arrangements

There were no changes in the intercompany management and service arrangements.

D. Amounts Due to or from Related Parties

At December 31, 2016, the Company reported \$118,809 net due to Buckeye State Mutual Insurance Company. Intercompany balances are settled within 90 days.

E. Guarantees or Contingencies for Related Parties

Not applicable

F. Management, Service Contracts, Cost Sharing Arrangements

The Company pays Buckeye State Mutual Insurance Company \$52,200 per year in accordance with the terms of a management agreement.

G. Nature of Relationship that Could Affect Operations

100% of the outstanding shares of the Company are owned by Buckeye State Mutual Insurance Company of Piqua, Ohio (31-6035649, NAIC 16713).

H. Amount Deducted for Investment in Upstream Company

Not applicable

I. Detail of investment in Affiliates Greater than 10% of Admitted Assets

Not applicable

J. Writedown for Impairments of Investments in Subsidiary, Controlled or Affiliated Companies

Not applicable

K. Investment in a Foreign Insurance Subsidiary

Not applicable

L. Investment in a Downstream Noninsurance Holding Company

Not applicable

M. SCA Investments – Non Insurance

Not applicable

N. SCA Investments – Departure from SAP

Not applicable

**NOTES TO FINANCIAL STATEMENTS****Note 11 – Debt**

- A. Capital Notes  
Not applicable
- B. FHLB (Federal Home Loan Bank) Agreements  
Not applicable

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

- A. Defined Benefit Plans  
Not applicable
- B. Investment Policies and Strategies  
Not applicable
- C. Fair Value of Plan Assets  
Not applicable
- D. Basis Used to Determine Expected Long Term Rate of Return  
Not applicable
- E. Defined Contribution Plans  
Not applicable
- F. Multiemployer Plans  
Not applicable
- G. Consolidated/Holding Company Plans  
Not applicable
- H. Postemployment Benefits and Compensated Absences  
The Company has no obligations to current or former employees for benefits after their employment but before their retirement.
- I. Impact of Medicare Modernization Act on Postretirement Benefits  
Not applicable

**Note 13 – Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations**

- A. Outstanding Shares  
The Company has 10,000 shares authorized, 6,000 issued, and 6,000 outstanding.
- B. Dividend Rate or Preferred Stock  
Not applicable
- C., D. and E. Dividend restrictions  
Prior approval from the Indiana Insurance Department is required before dividends are paid.
- F. Unassigned Funds Restrictions  
Not applicable
- G. Mutual Surplus Advances  
Not applicable
- H. Company Stock held for Special Purposes  
Not applicable
- I. Changes in Special Surplus Funds  
Not applicable

**NOTES TO FINANCIAL STATEMENTS**

## J. Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains is \$1,693.

## K. Surplus Notes

Not applicable

## L. Quasi Reorganizations

Not applicable

## M. Quasi Reorganizations – Effective Date

**Note 14 – Liabilities, Contingencies and Assessments**

## A. Contingent Commitments

Not applicable

## B. Guaranty Fund and Other Assessments

The company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. Other assessments should be accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums were written, or in the case of loss based assessments, at the time the losses are incurred.

The Company has accrued a liability for guaranty fund and other assessments of \$0 and a related premium tax benefit asset of \$0. These represent management's best estimates based on information received from the states in which the Company writes business, and may change due to many factors, including the Company's share of the ultimate cost of current insolvencies.

## C. Gain Contingencies

Not applicable

## D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming from Lawsuits

Not applicable

## E. Product Warranties

Not applicable

## F. Joint and Several Liabilities

Not applicable

## G. All Other Contingencies

Lawsuits arise against the Company in the normal course of business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

**Note 15 – Leases**

## A. Lessee Operating Lease

Not applicable

## B. Revenue, Net Income or Assets with Respect to Leases

Not applicable

**Note 16 – Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not applicable

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

## A. Transfers of Receivables Reported as Sales

Not applicable

## B. Transfer and Servicing of Financial Assets

Not applicabl

**NOTES TO FINANCIAL STATEMENTS**

## C. Wash Sales

(1) In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the yield on the investments

(2) The Company did not during the year reacquire within 30 days of the sales date any securities with a NAIC designation 3 or below.

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans**

## A. ASO Plans

Not applicable

## B. ASC Plans

Not applicable

## C. Medicare or Similarly Structured Cost Based Reimbursement Contract

Not applicable

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable

**Note 20 – Fair Value Measurements**

## A.

## (1) Fair Value Measurements at Reporting Date

Assets at Fair Value		Level 1	Level 2	Level 3	Total
Common Stock - Mutual Funds		\$ 93,591	\$	\$	\$ 93,591
Total		\$ 93,591	\$	\$	\$ 93,591
Liabilities at Fair Value		Level 1	Level 2	Level 3	Total
		\$	\$	\$	\$
Total		\$	\$	\$	\$

## (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities	Beginning Balance at 1/1/2016	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2016
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

(3)

(4)

(5)

## B.

## C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
	\$	\$	\$	\$	\$	\$

## D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$	%		

**NOTES TO FINANCIAL STATEMENTS****Note 21 – Other Items**

- A. Unusual or Infrequent Items  
Not applicable
- B. Troubled Debt Restructuring Debtors  
Not applicable
- C. Other Disclosures  
Not applicable
- D. Business Interruption Insurance Recoveries  
Not applicable
- E. State Transferable and Non-Transferable Tax Credits  
Not applicable
- F. Subprime Mortgage Related Risk Exposure  
Not applicable
- G. Insurance-Linked Securities (ILS) Contracts  
Not applicable

**Note 22 – Events Subsequent**

- D. There were no events occurring subsequent to December 31, 2015 meriting disclosure.

**Note 23 – Reinsurance**

- A. Unsecured Reinsurance Recoverables

NAIC Code	Federal ID#	Name of Reinsurer	Amount
16713	31-6035649	Buckeye State Mutual Insurance Company	\$492,000

- B. Reinsurance Recoverable in Dispute

The Company does not have reinsurance recoverables in dispute

- C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 1,011,381	\$	\$ 217,168	\$	\$ 794,213	\$
b. All Other			10,043	2,511	(10,043)	(2,511)
c. Total	\$ 1,011,381	\$	\$ 227,211	\$ 2,511	\$ 784,170	\$ (2,511)
d. Direct Unearned Premium Reserves			\$ 227,211			

(2)

	Direct	Assumed	Ceded	Net
a. Contingent commission	\$	\$	\$	\$
b. Sliding scale adjustments				
c. Other profit commission arrangements				
d. Total	\$	\$	\$	\$

(3)

Protected Cell Name	Covered Exposure	Ultimate Exposure Amount	Fair Value of Assets as of December 31	Initial Contact Date of Securitization Instrument	Maturity Date of Securitized Instrument
		\$	\$		
Total	XXX	\$	\$	XXX	XXX

**NOTES TO FINANCIAL STATEMENTS**

## D. Uncollectible Reinsurance

The Company does not have any uncollectible reinsurance.

## E. Commutation of Ceded Reinsurance

Not applicable

## F. Retroactive Reinsurance

Not applicable

## G. Reinsurance Accounted for as a Deposit

Not applicable

## H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

Not applicable

## I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not applicable

## J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

## A. Method Used to Estimate

Not applicable

## B. Recording of Retrospective Premiums

Not applicable

## C. Amount and Percent of Net Retrospective Premium

Not applicable

## D. Medical Loss Ratio Rebates Required Pursuant to the Public Health Service Act.

Not applicable

## E. Nonadmitted Retrospective Premium

Not applicable

## F. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions

Yes [ ] No [ X ]

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

Reserves as of December 31, 2015 were \$541,000. As of December 31, 2015, \$306,000 has been paid for incurred losses and loss adjusting expense attributable to insured events of prior years. Reserves remaining for prior years are now \$199,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the auto physical damage, auto liability, and homeowners & farmowners lines of insurance. Therefore, there has been a \$37,000 favorable prior year development since December 31, 2015 to December 31, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company does not have retrospectively rated policies.

**Note 26 – Intercompany Pooling Arrangements**

Buckeye State Mutual Insurance Company and its affiliate, Home and Farm Insurance Company are participants in an intercompany pooling arrangement whereby Home and Farm cedes 100% of its business to Buckeye.

The current pooling participants and each of their percentage participation in the pooled results are as follows:

Name of Insurer	NAIC Code	Percentage of Participation
Buckeye State Mutual Insurance Co.	16713	95%
Home and Farm Insurance Co.	17639	5%

---

**NOTES TO FINANCIAL STATEMENTS**

---

**Note 27 – Structured Settlements**

A. Reserve Released due to Purchase of Annuities  
Not applicable

B. Annuity Insurers with Balances due Greater than 1% of Policyholders' Surplus  
Not applicable

**Note 28 – Health Care Receivables**

Not applicable

**Note 29 – Participating Policies**

Not applicable

**Note 30 – Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserve:	\$
2. Date of most recent evaluation of this liability:	December 31, 2016
3. Was anticipated investment income utilized in the calculation?	Yes [ ] No [ X ]

**Note 31 – High Deductibles**

Not applicable

**Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses**

The Company does not discount unpaid losses or unpaid loss adjustment expenses.

**Note 33 – Asbestos/Environmental Reserves**

The Company has not been notified of any past or current insured for which significant exposure exists due to these types of claims. Therefore, the Company has no loss or loss adjustment expense reserves for asbestos or environmental liabilities.

**Note 34 – Subscriber Savings Accounts**

Not applicable

**Note 35 – Multiple Peril Crop Insurance**

Not applicable

**Note 36 – Financial Guaranty Insurance**

Not applicable

# HOME AND FARM INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  Yes [X]  No [ ]

1.2 If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?  Yes [X]  No [ ]  N/A [ ]

1.3 State regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [ ]  No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/25/2012

3.4 By what department or departments? Indiana

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?  Yes [ ]  No [ ]  N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [ ]  No [ ]  N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?  Yes [ ]  No [X]

4.12 renewals?  Yes [ ]  No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?  Yes [ ]  No [X]

4.22 renewals?  Yes [ ]  No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]

5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2 NAIC Company Code	3 State of Domicile
Name of Entity		

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?  Yes [ ]  No [X]

7.2 If yes,

7.21 State the percentage of foreign control %

7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?  Yes [ ]  No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes [ ]  No [X]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
Plante Moran, PLLC, 1111 Michigan Avenue, East Lansing, MI 48823

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?  Yes [ ]  No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation?  Yes [ ]  No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?  Yes [X]  No [ ]  N/A [ ]

10.6 If the response to 10.5 is no or n/a, please explain:

# HOME AND FARM INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

11.	What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? <u>Travis J. Grulkowski, FCAS MAAA Milliman, 15800 West Bluemound Road, Suite 100, Brookfield WI, 53005</u>										
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?										
	12.11	Name of real estate holding company									
	12.12	Number of parcels involved									
	12.13	Total book/adjusted carrying value									
12.2	If yes, provide explanation										
13.	<b>FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:</b>										
13.1	What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?										
13.2	Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?										
13.3	Have there been any changes made to any of the trust indentures during the year?										
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?										
14.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?										
	(a)	Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;									
	(b)	Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;									
	(c)	Compliance with applicable governmental laws, rules and regulations;									
	(d)	The prompt internal reporting of violations to an appropriate person or persons identified in the code; and									
	(e)	Accountability for adherence to the code.									
14.11	If the response to 14.1 is no, please explain:										
14.2	Has the code of ethics for senior managers been amended?										
14.21	If the response to 14.2 is yes, provide information related to amendment(s).										
14.3	Have any provisions of the code of ethics been waived for any of the specified officers?										
14.31	If the response to 14.3 is yes, provide the nature of any waiver(s).										
15.1	Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?										
15.2	If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">1 American Bankers Association (ABA) Routing Number</th> <th style="width: 25%;">2 Issuing or Confirming Bank Name</th> <th style="width: 25%;">3 Circumstances That Can Trigger the Letter of Credit</th> <th style="width: 25%;">4 Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount				
1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount								
<b>BOARD OF DIRECTORS</b>											
16.	Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof?										
17.	Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?										
18.	Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?										
<b>FINANCIAL</b>											
19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?										
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):										
	20.11	\$ 0									
	20.12	\$ 0									
	20.13	\$ 0									
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):										
	20.21	\$ 0									
	20.22	\$ 0									
	20.23	\$ 0									
21.1	Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?										
21.2	If yes, state the amount thereof at December 31 of the current year:										
	21.21	\$ 0									
	21.22	\$ 0									
	21.23	\$ 0									
	21.24	\$ 0									
22.1	Does this statement include payments for assessments as described in the <i>Annual Statement Instructions</i> other than guaranty fund or guaranty association assessments?										
22.2	If answer is yes:										
	22.21	\$ 0									
	22.22	\$ 0									
	22.23	\$ 0									
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?										
23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:										
		\$ 45,139									

# HOME AND FARM INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### INVESTMENT

24.01	Were all of stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
24.02	If no, give full and complete information, relating thereto:			
24.03	For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).			
24.04	Does the company's security lending program meet the requirements for a conforming program as outlined in the <i>Risk-Based Capital Instructions</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.05	If answer to 24.04 is yes, report amount of collateral for conforming programs.	\$ _____		
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ _____		
24.07	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.08	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.09.	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>		
24.10	For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:			
24.101	Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0		
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ _____ 0		
24.103	Total payable for securities lending reported on the liability page:	\$ _____ 0		
25.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
25.2	If yes, state the amount thereof at December 31 of the current year:			
25.21	Subject to repurchase agreements	\$ _____ 0		
25.22	Subject to reverse repurchase agreements	\$ _____ 0		
25.23	Subject to dollar repurchase agreements	\$ _____ 0		
25.24	Subject to reverse dollar repurchase agreements	\$ _____ 0		
25.25	Placed under option agreements	\$ _____ 0		
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ _____ 0		
25.27	FHLB Capital Stock	\$ _____ 0		
25.28	On deposit with states	\$ _____ 256,374		
25.29	On deposit with other regulatory bodies	\$ _____ 0		
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ _____ 0		
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ _____ 0		
25.32	Other	\$ _____ 0		
25.3	For category (25.26) provide the following:			
	1 Nature of Restriction	2 Description	3 Amount	
			\$ _____	
26.1	Does the reporting entity have any hedging transactions reported on Schedule DB?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
26.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
27.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
27.2	If yes, state the amount thereof at December 31 of the current year:	\$ _____		
28.	Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC <i>Financial Condition Examiners Handbook</i> ?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
28.01	For all agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:			
	1 Name of Custodian(s)	2 Custodian's Address		
	US Bank	425 Walnut Street, Cincinnati, Ohio 45202		
28.02	For all agreements that do not comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , provide the name, location and a complete explanation			
	1 Name(s)	2 Location(s)	3 Complete Explanation(s)	
28.03	Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
28.04	If yes, give full and complete information relating thereto:			
	1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
28.05	Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ("...that have access to the investment accounts", "... handle securities").			
	1 Name of Firm or Individual	2 Affiliation		
	Prime Investment Advisors	U		

**HOME AND FARM INSURANCE COMPANY****GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes [X] No [ ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes [X] No [ ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107680	Prime Investment Advisors			

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [X] No [ ]

29.2 If yes, complete the following schedule:

1 CUSIP	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
256210 10 5	Dodge & Cox Inc Fund	23,318
577125 10 7	Matthews Asian Funds	24,276
921908 20 8	Vanguard Precious Metals & Mining	21,379
921935 20 1	Vanguard Wellington Fund	23,679
29,2999 TOTAL		92,652

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
Dodge & Cox Inc Fund	US Treasury Note 0.875%	294	12/30/2016
Dodge & Cox Inc Fund	Verizon Comms 6.55%	284	12/30/2016
Dodge & Cox Inc Fund	Rio Oil Fin Tr 144A 6.25%	263	12/30/2016
Dodge & Cox Inc Fund	US Treasury Note 1.5%	249	12/30/2016
Dodge & Cox Inc Fund	US Treasury Note 1.625%	249	12/30/2016
VANGUARD PREC MTL & MIN	Agnico Eagle Mines Ltd	1,204	09/30/2016
VANGUARD PREC MTL & MIN	Hochschild Mining PLC	1,184	09/30/2016
VANGUARD PREC MTL & MIN	Newmont Mining Corp	930	09/30/2016
VANGUARD PREC MTL & MIN	Randgold Resources Ltd ADR	889	09/30/2016
VANGUARD PREC MTL & MIN	Barrick Gold Corp	885	09/30/2016
VANGUARD WELLINGTON INV	Merck & Co Inc	493	09/30/2016
VANGUARD WELLINGTON INV	Microsoft Corp	488	09/30/2016
VANGUARD WELLINGTON INV	Comcast Corp Class A	438	09/30/2016
VANGUARD WELLINGTON INV	Alphabet Inc A	417	09/30/2016
VANGUARD WELLINGTON INV	Intel Corp	410	09/30/2016
MATTHEWS ASIA DIVIDEND	Minth Group Ltd	10	09/30/2016
MATTHEWS ASIA DIVIDEND	Shenzhou International Group Holdings Ltd	9	09/30/2016
MATTHEWS ASIA DIVIDEND	LG Chem Ltd	6	09/30/2016
MATTHEWS ASIA DIVIDEND	BGF Retail Co Ltd	6	09/30/2016
MATTHEWS ASIA DIVIDEND	AIA Group Ltd	6	09/30/2016

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	6,613,963	6,587,882	(26,081)
30.2	Preferred Stocks	0	0	0
30.3	Totals	6,613,963	6,587,882	(26,081)

30.4 Describe the sources or methods utilized in determining the fair values:

Pricing sources include IDC, Barclays Capital, and US Bank.

Yes [X] No [ ]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [X] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ ] No [X]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

Relying on major institutional custodian bank as a source for fair values. Prices are monitored monthly for variances and reasonability.

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes [X] No [ ]

32.2 If no, list exceptions:

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 3,250

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to

# HOME AND FARM INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

34.1 Amount of payments for legal expenses, if any? \$ 0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	\$

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	\$

**GENERAL INTERROGATORIES****PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [ X ]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.31	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives		0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives		0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives		0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives		0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 2,091,311	\$ 1,977,600
2.3	Premium Ratio (2.1/2.2)		
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 1,873,424	\$ 1,777,608
2.6	Reserve Ratio (2.4/2.5)		
3.1	Does the reporting entity issue both participating and non-participating policies?	Yes [ ]	No [ X ]
3.2	If yes, state the amount of calendar year premiums written on:		
3.21	Participating policies	\$ 0	
3.22	Non-participating policies	\$ 0	
4.	FOR MUTUAL REPORTING ENTITIES AND RECIPROCAL EXCHANGES ONLY:		
4.1	Does the reporting entity issue assessable policies?	Yes [ ]	No [ X ]
4.2	Does the reporting entity issue non-assessable policies?	Yes [ X ]	No [ ]
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?		%
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$ 0	
5.	FOR RECIPROCAL EXCHANGES ONLY:		
5.1	Does the exchange appoint local agents?	Yes [ ]	No [ ]
5.2	If yes, is the commission paid:		
5.21	Out of Attorney's-in-fact compensation	Yes [ ]	No [ ]
5.22	As a direct expense of the exchange	Yes [ ]	N/A [ ]
5.3	What expenses of the exchange are not paid out of the compensation of the Attorney-in-fact?	Yes [ ]	No [ ]
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?	Yes [ ]	No [ ]
5.5	If yes, give full information:		
6.1	What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss? <u>Home and Farm does not transact this type of business.</u>		
6.2	Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process: <u>Cat modeling provided by Guy Carpenter.</u>		
6.3	What provision has this reporting entity made (such as catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss? <u>The losses would be covered under an excess of loss catastrophe reinsurance contract.</u>		
6.4	Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence?	Yes [ X ]	No [ ]
6.5	If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to uninsured catastrophic loss:		
7.1	Has the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?	Yes [ ]	No [ X ]

**GENERAL INTERROGATORIES****PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

7.2	If yes, indicate the number of reinsurance contracts containing such provisions.	<hr/> 0	Yes [ ] No [ ]
7.3	If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?		Yes [ ] No [ ]
8.1	Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured?		Yes [ ] No [ X ]
8.2	If yes, give full information		
9.1	Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:		
	(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;		
	(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;		
	(c) Aggregate stop loss reinsurance coverage;		
	(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;		
	(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or		
	(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity?		Yes [ ] No [ X ]
9.2	Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:		
	(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or		
	(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract.		Yes [ ] No [ X ]
9.3	If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:		
	(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;		
	(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and		
	(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.		
9.4	Except for transactions meeting the requirements of paragraph 31 of SSAP No. 62R, <i>Property and Casualty Reinsurance</i> , has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:		
	(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or		
	(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP?		Yes [ ] No [ X ]
9.5	If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.		
9.6	The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:		
	(a) The entity does not utilize reinsurance; or,		Yes [ ] No [ X ]
	(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or		Yes [ ] No [ X ]
	(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement.		Yes [ ] No [ X ]
10.	If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurance a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done?		Yes [ X ] No [ ] N/A [ ]
11.1	Has the reporting entity guaranteed policies issued by any other entity and now in force?		Yes [ ] No [ X ]
11.2	If yes, give full information		
12.1	If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the assets schedule, Page 2, state the amount of corresponding liabilities recorded for:		
12.11	Unpaid losses	\$ <hr/> 0	
12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$ <hr/> 0	
12.2	Of the amount on Line 15.3, Page 2, state the amount that is secured by letters of credit, collateral and other funds?	\$ <hr/> 0	
12.3	If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses?		Yes [ ] No [ ] N/A [ X ]
12.4	If yes, provide the range of interest rates charged under such notes during the period covered by this statement:		
12.41	From	% <hr/> _____	
12.42	To	% <hr/> _____	
12.5	Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies?		Yes [ ] No [ X ]
12.6	If yes, state the amount thereof at December 31 of current year:		
12.61	Letters of Credit	\$ <hr/> 0	
12.62	Collateral and other funds	\$ <hr/> 0	
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$ <hr/> 0	
13.2	Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision?		Yes [ ] No [ X ]
13.3	State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic		0

**GENERAL INTERROGATORIES****PART 2 – PROPERTY & CASUALTY INTERROGATORIES**

facilities or facultative obligatory contracts) considered in the calculation of the amount.

14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract? Yes [X] No [ ]

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
The allocation is based on the reinsurers participation percentage within each reinsurance contract.

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [X] No [ ]

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [ ] No [ ]

14.5 If the answer to 14.4 is no, please explain:

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [ ] No [X]

15.2 If yes, give full information

16.1 Does the reporting entity write any warranty business? Yes [ ] No [X]

If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$ 0 \$	0 \$	0 \$	0 \$	0
16.12 Products	\$ 0 \$	0 \$	0 \$	0 \$	0
16.13 Automobile	\$ 0 \$	0 \$	0 \$	0 \$	0
16.14 Other*	\$ 0 \$	0 \$	0 \$	0 \$	0

\* Disclose type of coverage:

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F-Part 3 that it excludes from Schedule F-Part 5. Yes [ ] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F-Part 5. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$ 0
17.12 Unfunded portion of Interrogatory 17.11	\$ 0
17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11	\$ 0
17.14 Case reserves portion of Interrogatory 17.11	\$ 0
17.15 Incurred but not reported portion of Interrogatory 17.11	\$ 0
17.16 Unearned premium portion of Interrogatory 17.11	\$ 0
17.17 Contingent commission portion of Interrogatory 17.11	\$ 0

Provide the following information for all other amounts included in Schedule F-Part 3 and excluded from Schedule F-Part 5, not included above.

17.18 Gross amount of unauthorized reinsurance in Schedule F-Part 3 excluded from Schedule F-Part 5	\$ 0
17.19 Unfunded portion of Interrogatory 17.18	\$ 0
17.20 Paid losses and loss adjustment expenses portion of Interrogatory 17.18	\$ 0
17.21 Case reserves portion of Interrogatory 17.18	\$ 0
17.22 Incurred but not reported portion of Interrogatory 17.18	\$ 0
17.23 Unearned premium portion of Interrogatory 17.18	\$ 0
17.24 Contingent commission portion of Interrogatory 17.18	\$ 0

18.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

18.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

18.4 If yes, please provide the balance of the funds administered as of the reporting date. \$ 0

**HOME AND FARM INSURANCE COMPANY**  
**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 &amp; 3)</b>					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	1,013,053	918,321	891,949	916,873	1,052,264
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	587,166	521,529	574,930	669,527	803,058
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1,049,351	934,013	977,461	1,141,634	1,239,865
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
6. Total (Line 35)	2,649,570	2,373,863	2,444,340	2,728,034	3,095,188
<b>Net Premiums Written (Page 8, Part 1B, Col. 6)</b>					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4)	522,602	467,128	465,364	527,000	701,882
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	587,166	521,529	574,930	669,527	803,058
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1,049,351	934,013	977,461	1,141,634	1,239,865
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)					
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)					
12. Total (Line 35)	2,159,119	1,922,670	2,017,755	2,338,161	2,744,806
<b>Statement of Income (Page 4)</b>					
13. Net underwriting gain (loss) (Line 8)	(140,533)	66,074	(107,623)	(46,159)	(188,322)
14. Net investment gain (loss) (Line 11)	159,378	116,856	84,611	81,175	108,850
15. Total other income (Line 15)					
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)	.777	19,437	(13,287)	10,575	12,487
18. Net income (Line 20)	18,068	163,493	(9,725)	24,441	(91,959)
<b>Balance Sheet Lines (Pages 2 and 3)</b>					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	9,745,813	9,625,350	5,964,569	6,418,454	6,212,325
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1)	498,195	468,405	470,095	319,070	538,993
20.2 Deferred and not yet due (Line 15.2)					
20.3 Accrued retrospective premiums (Line 15.3)					
21. Total liabilities excluding protected cell business (Page 3, Line 26)	2,799,417	2,686,596	2,772,053	3,199,354	3,020,806
22. Losses (Page 3, Line 1)	430,338	466,831	473,551	639,561	665,893
23. Loss adjustment expenses (Page 3, Line 3)	67,459	74,425	69,675	79,234	73,634
24. Unearned premiums (Page 3, Line 9)	1,011,382	943,574	998,504	1,010,189	1,076,191
25. Capital paid up (Page 3, Lines 30 & 31)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	6,946,395	6,938,754	3,192,516	3,219,100	3,191,519
<b>Cash Flow (Page 5)</b>					
27. Net cash from operations (Line 11)	119,640	97,811	(439,491)	398,511	(143,044)
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital	6,946,395	6,938,754	3,192,516	3,219,100	3,191,519
29. Authorized control level risk-based capital	231,325	198,369	225,362	242,415	179,990
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1)	94.4	88.7	90.5	78.1	79.8
31. Stocks (Lines 2.1 & 2.2)	1.3	1.2	.26	3.0	3.2
32. Mortgage loans on real estate (Lines 3.1 & 3.2)					
33. Real estate (Lines 4.1, 4.2 & 4.3)					
34. Cash, cash equivalents and short-term investments (Line 5)	4.3	10.1	.69	18.9	16.9
35. Contract loans (Line 6)					
36. Derivatives (Line 7)					
37. Other invested assets (Line 8)	0.0				
38. Receivables for securities (Line 9)					
39. Securities lending reinvested collateral assets (Line 10)					
40. Aggregate write-ins for invested assets (Line 11)					
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds (Sch. D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1)					
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1)		5,288	5,455	5,619	5,760
45. Affiliated short-term investments (subtotals included in Schedule DA, Verification, Column 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above lines 42 to 47	0	5,288	5,455	5,619	5,760
49. Total investment in parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	.01	.02	.02	.02

**HOME AND FARM INSURANCE COMPANY**  
**FIVE-YEAR HISTORICAL DATA**  
(Continued)

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24).....	5,666	(5,694)	(6,263)	(3,801)	5,129
52. Dividends to stockholders (Line 35).....	.....	.....	.....	.....	.....
53. Change in surplus as regards policyholders for the year (Line 38).....	7,639	227,705	(26,584)	27,579	(40,754)
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	390,254	332,164	540,272	424,078	82,528
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	377,365	338,706	358,400	409,496	330,946
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	674,636	485,272	696,248	677,891	338,769
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....	.....	.....	.....	.....
58. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....	.....	.....	.....	.....
59. Total (Line 35).....	1,442,255	1,156,142	1,594,920	1,511,465	752,242
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4).....	314,873	299,502	369,465	391,292	133,558
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	377,365	338,706	358,400	409,496	349,614
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	674,636	485,272	696,248	677,891	420,725
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34).....	.....	.....	.....	.....	.....
64. Nonproportional reinsurance lines (Lines 31, 32 & 33).....	.....	.....	.....	.....	.....
65. Total (Line 35).....	1,366,874	1,123,480	1,424,113	1,478,679	903,897
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1).....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2).....	63.6	56.5	62.0	60.4	64.1
68. Loss expenses incurred (Line 3).....	6.7	6.5	6.4	6.8	7.7
69. Other underwriting expenses incurred (Line 4).....	36.4	33.7	36.9	34.7	37.5
70. Net underwriting gain (loss) (Line 8).....	(6.7)	3.3	(5.3)	(1.9)	(9.3)
<b>Other Percentages</b>					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0).....	35.3	34.6	37.1	35.7	27.6
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	70.3	63.0	68.4	67.2	71.8
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35, divided by Page 3, Line 37, Col. 1 x 100.0).....	31.1	27.7	63.2	72.6	86.0
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	(31)	(28)	(68)	(75)	153
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year-end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100).....	(0.4)	(0.4)	(2.1)	(2.4)	4.7
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2-Summary, Line 12, Col. 12).....	(84)	(103)	(134)	(132)	28
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior-year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0).....	(1.2)	(1.5)	(4.2)	(4.1)	0.9

If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, *Accounting Changes and Correction of Errors*?

Yes  No

If no, please explain:

**SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES****SCHEDULE P - PART 1 - SUMMARY**

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported-Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....								0.....	XXX.....	
2. 2007.....	3,309.....	547.....	2,762.....	2,030.....	.259.....	30.....	.7.....	118.....		.63.....	1,912.....	XXX.....	
3. 2008.....	3,298.....	.815.....	2,483.....	3,118.....	1,018.....	30.....	13.....	154.....	.13.....	.62.....	2,258.....	XXX.....	
4. 2009.....	3,317.....	1,076.....	2,241.....	2,736.....	1,261.....	47.....	17.....	182.....	.46.....	.55.....	1,641.....	XXX.....	
5. 2010.....	3,497.....	1,281.....	2,216.....	2,465.....	.949.....	55.....	23.....	148.....	.13.....	.83.....	1,683.....	XXX.....	
6. 2011.....	3,456.....	1,279.....	2,177.....	3,493.....	1,895.....	44.....	17.....	171.....	.30.....	.74.....	1,766.....	XXX.....	
7. 2012.....	3,039.....	1,016.....	2,023.....	2,113.....	.817.....	42.....	.9.....	147.....	.16.....	.55.....	1,460.....	XXX.....	
8. 2013.....	3,003.....	.599.....	2,404.....	1,647.....	.174.....	25.....	.5.....	121.....	.2.....	.57.....	1,612.....	XXX.....	
9. 2014.....	3,039.....	1,010.....	2,029.....	1,996.....	.723.....	20.....	.4.....	128.....	.13.....	.53.....	1,404.....	XXX.....	
10. 2015.....	2,904.....	.927.....	1,977.....	1,499.....	.427.....	14.....	.2.....	106.....	.10.....	.58.....	1,180.....	XXX.....	
11. 2016.....	2,782.....	.691.....	2,091.....	1,371.....	.265.....	.6.....	.1.....	101.....	.5.....	.24.....	1,207.....	XXX.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	22,468.....	7,788.....	313.....	.98.....	1,376.....	148.....	.584.....	16,123.....	XXX.....	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding-Direct and Assumed			
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded								
1. Prior.....												0.....	XXX.....			
2. 2007.....												0.....	XXX.....			
3. 2008.....												0.....	XXX.....			
4. 2009.....												0.....	XXX.....			
5. 2010.....												0.....	XXX.....			
6. 2011.....	.7.....				.1.....							.8.....	XXX.....			
7. 2012.....	.8.....	.3.....										.6.....	XXX.....			
8. 2013.....	.8.....				.2.....							.11.....	XXX.....			
9. 2014.....	.26.....	.7.....	.25.....	.11.....	.3.....	.1.....	.2.....					.2.....	XXX.....			
10. 2015.....	.112.....	.39.....	.76.....	.27.....	.2.....		.5.....					.8.....	132.....	XXX.....		
11. 2016.....	.206.....	.55.....	.175.....	.70.....	.1.....	.31.....	.4.....	.19.....				.25.....	.303.....	XXX.....		
12. Totals.....	.367.....	104.....	.276.....	.108.....	.9.....	.1.....	.38.....	.4.....	.26.....	.0.....		.499.....	XXX.....			

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....			XXX.....	0.....	0.....
2. 2007.....	2,178.....	266.....	1,912.....	65.8.....	48.6.....	.692.....				0.....	0.....
3. 2008.....	3,302.....	1,044.....	2,258.....	100.1.....	128.1.....	.909.....				0.....	0.....
4. 2009.....	2,965.....	1,324.....	1,641.....	89.4.....	123.0.....	.732.....				0.....	0.....
5. 2010.....	2,668.....	985.....	1,683.....	76.3.....	.769.....	.759.....				0.....	0.....
6. 2011.....	3,716.....	1,942.....	1,774.....	107.5.....	151.8.....	.815.....				.7.....	.1.....
7. 2012.....	2,311.....	845.....	1,466.....	76.0.....	.832.....	.725.....				.5.....	.1.....
8. 2013.....	1,804.....	181.....	1,623.....	60.1.....	.302.....	.67.5.....				.8.....	.3.....
9. 2014.....	2,202.....	759.....	1,443.....	72.5.....	.75.1.....	.71.1.....				.33.....	.6.....
10. 2015.....	1,817.....	505.....	1,312.....	62.6.....	.54.5.....	.66.4.....				.122.....	.10.....
11. 2016.....	1,910.....	400.....	1,510.....	68.7.....	.57.9.....	.72.2.....				.256.....	.47.....
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0.....	.0.....	XXX.....	.431.....	.68.....

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements, which will reconcile Part 1 with Parts 2 and 4.

**SCHEDULE P - PART 2 - SUMMARY**

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										DEVELOPMENT	
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior....	274	184	156	163	160	163	161	161	161	161	0	0
2. 2007....	1,951	1,896	1,834	1,799	1,797	1,794	1,794	1,794	1,794	1,794	0	0
3. 2008....	XXX....	2,252	2,210	2,161	2,123	2,121	2,117	2,117	2,117	2,117	0	0
4. 2009....	XXX....	XXX....	1,657	1,561	1,525	1,503	1,498	1,503	1,505	1,505	0	2
5. 2010....	XXX....	XXX....	XXX....	1,632	1,609	1,569	1,543	1,543	1,547	1,548	1	5
6. 2011....	XXX....	XXX....	XXX....	XXX....	1,686	1,665	1,655	1,628	1,640	1,633	(7)	5
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	1,406	1,379	1,342	1,330	1,334	4	(8)
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,576	1,567	1,525	1,503	(22)	(64)
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,350	1,357	1,326	(31)	(24)
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,189	1,213	24	XXX....
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....
											12. Totals....	(31) (84)

**SCHEDULE P - PART 3 - SUMMARY**

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior....	000	90	133	149	153	163	161	161	161	161	XXX....	XXX....
2. 2007....	1,448	1,709	1,759	1,788	1,792	1,795	1,794	1,794	1,794	1,794	XXX....	XXX....
3. 2008....	XXX....	1,736	2,021	2,086	2,120	2,120	2,117	2,117	2,117	2,117	XXX....	XXX....
4. 2009....	XXX....	XXX....	1,145	1,379	1,446	1,472	1,486	1,494	1,505	1,505	XXX....	XXX....
5. 2010....	XXX....	XXX....	XXX....	1,164	1,393	1,478	1,517	1,543	1,547	1,548	XXX....	XXX....
6. 2011....	XXX....	XXX....	XXX....	XXX....	1,254	1,499	1,573	1,605	1,620	1,625	XXX....	XXX....
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	995	1,214	1,285	1,319	1,329	XXX....	XXX....
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,180	1,434	1,474	1,493	XXX....	XXX....
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,062	1,229	1,289	XXX....	XXX....
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	889	1,084	XXX....	XXX....
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,111	XXX....	XXX....

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior....	141	39	0	0	0	0	0	0	0	0
2. 2007....	253	107	40	0	0	0	0	0	0	0
3. 2008....	XXX....	258	108	34	0	0	0	0	0	0
4. 2009....	XXX....	XXX....	266	97	27	0	0	0	0	0
5. 2010....	XXX....	XXX....	XXX....	227	93	24	0	0	0	0
6. 2011....	XXX....	XXX....	XXX....	XXX....	212	71	24	0	0	0
7. 2012....	XXX....	XXX....	XXX....	XXX....	XXX....	196	74	26	0	0
8. 2013....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	192	82	27	0
9. 2014....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	144	60	16
10. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	143	54
11. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	132

**HOME AND FARM INSURANCE COMPANY**  
**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	1 Active Status	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Incl. in Col. 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama.....	AL N.....								
2. Alaska.....	AK N.....								
3. Arizona.....	AZ N.....								
4. Arkansas.....	AR N.....								
5. California.....	CA N.....								
6. Colorado.....	CO N.....								
7. Connecticut.....	CT N.....								
8. Delaware.....	DE N.....								
9. District of Columbia.....	DC N.....								
10. Florida.....	FL N.....								
11. Georgia.....	GA N.....								
12. Hawaii.....	HI N.....								
13. Idaho.....	ID N.....								
14. Illinois.....	IL N.....								
15. Indiana.....	IN L.....	490,451	480,932		75,381	96,773	205,027		
16. Iowa.....	IA N.....								
17. Kansas.....	KS N.....								
18. Kentucky.....	KY N.....								
19. Louisiana.....	LA N.....								
20. Maine.....	ME N.....								
21. Maryland.....	MD N.....								
22. Massachusetts.....	MA N.....								
23. Michigan.....	MI N.....								
24. Minnesota.....	MN N.....								
25. Mississippi.....	MS N.....								
26. Missouri.....	MO N.....								
27. Montana.....	MT N.....								
28. Nebraska.....	NE N.....								
29. Nevada.....	NV N.....								
30. New Hampshire.....	NH N.....								
31. New Jersey.....	NJ N.....								
32. New Mexico.....	NM N.....								
33. New York.....	NY N.....								
34. North Carolina.....	NC N.....								
35. North Dakota.....	ND N.....								
36. Ohio.....	OH L.....								
37. Oklahoma.....	OK N.....								
38. Oregon.....	OR N.....								
39. Pennsylvania.....	PA N.....								
40. Rhode Island.....	RI N.....								
41. South Carolina.....	SC N.....								
42. South Dakota.....	SD N.....								
43. Tennessee.....	TN N.....								
44. Texas.....	TX N.....								
45. Utah.....	UT N.....								
46. Vermont.....	VT N.....								
47. Virginia.....	VA N.....								
48. Washington.....	WA N.....								
49. West Virginia.....	WV N.....								
50. Wisconsin.....	WI N.....								
51. Wyoming.....	WY N.....								
52. American Samoa.....	AS N.....								
53. Guam.....	GU N.....								
54. Puerto Rico.....	PR N.....								
55. US Virgin Islands.....	VI N.....								
56. Northern Mariana Islands.....	MP N.....								
57. Canada.....	CAN N.....								
58. Aggregate Other Alien.....	OT XXX	0	0	0	0	0	0	0	0
59. Totals.....	(a) 2	490,451	480,932	0	75,381	96,773	205,027	0	0

**DETAILS OF WRITE-INS**

58001.....	XXX								
58002.....	XXX								
58003.....	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Insert the number of "L" responses except for Canada and Other Alien.

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;

(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of Basis of Allocation of Premiums by States, etc.

Premiums spread based on location of risk.

**Buckeye State Mutual Insurance Company**

One Heritage Place  
Piqua, Ohio 45356

Parent

E.I. #31-6035649  
NAIC #16713 OH

**Hetuck Insurance Agency**

One Heritage Place  
Piqua, Ohio 45356

100% owned subsidiary of  
Buckeye State Mutual Insurance Company  
E.I. #31-0784063

**Marias Technology, Inc.**

25 E. Wright Street  
Covington, Ohio 45318

100% owned subsidiary of  
Buckeye State Mutual Insurance Company  
E.I. #31-0972651

**Home and Farm Insurance Company**

201 West Main Street  
Fort Wayne, Indiana 46802

100% owned subsidiary of  
Buckeye State Mutual Insurance Company  
E.I. #35-1630739  
NAIC #17639

# 2016 ALPHABETICAL INDEX -- PROPERTY & CASUALTY ANNUAL STATEMENT BLANK

Assets	2	Schedule P-Part 2G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	58
Cash Flow	5	Schedule P-Part 2H-Section 1-Other Liability-Occurrence	58
Exhibit of Capital Gains (Losses)	12	Schedule P-Part 2H-Section 2-Other Liability-Claims-Made	58
Exhibit of Net Investment Income	12	Schedule P-Part 2I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	59
Exhibit of Nonadmitted Assets	13	Schedule P-Part 2J-Auto Physical Damage	59
Exhibit of Premiums and Losses (State Page)	19	Schedule P-Part 2K-Fidelity, Surety	59
Five-Year Historical Data	17	Schedule P-Part 2L-Other (Including Credit, Accident and Health)	59
General Interrogatories	15	Schedule P-Part 2M-International	59
Jurat Page	1	Schedule P-Part 2N-Reinsurance - Nonproportional Assumed Property	60
Liabilities, Surplus and Other Funds	3	Schedule P-Part 2O-Reinsurance - Nonproportional Assumed Liability	60
Notes To Financial Statements	14	Schedule P-Part 2P-Reinsurance - Nonproportional Assumed Financial Lines	60
Overflow Page For Write-ins	100	Schedule P-Part 2R-Section 1-Products Liability-Occurrence	61
Schedule A-Part 1	E01	Schedule P-Part 2R-Section 2-Products Liability-Claims-Made	61
Schedule A-Part 2	E02	Schedule P-Part 2S-Financial Guaranty/Mortgage Guaranty	61
Schedule A-Part 3	E03	Schedule P-Part 2T-Warranty	61
Schedule A-Verification Between Years	SI02	Schedule P-Part 3A-Homeowners/Farmowners	62
Schedule B-Part 1	E04	Schedule P-Part 3B-Private Passenger Auto Liability/Medical	62
Schedule B-Part 2	E05	Schedule P-Part 3C-Commercial Auto/Truck Liability/Medical	62
Schedule B-Part 3	E06	Schedule P-Part 3D-Workers' Compensation (Excluding Excess Workers Compensation)	62
Schedule B-Verification Between Years	SI02	Schedule P-Part 3E-Commercial Multiple Peril	62
Schedule BA-Part 1	E07	Schedule P-Part 3F-Section 1-Medical Professional Liability-Occurrence	63
Schedule BA-Part 2	E08	Schedule P-Part 3F-Section 2-Medical Professional Liability-Claims-Made	63
Schedule BA-Part 3	E09	Schedule P-Part 3G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	63
Schedule BA-Verification Between Years	SI03	Schedule P-Part 3H-Section 1-Other Liability-Occurrence	63
Schedule D-Part 1	E10	Schedule P-Part 3H-Section 2-Other Liability-Claims-Made	63
Schedule D-Part 1A-Section 1	SI05	Schedule P-Part 3I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, Theft)	64
Schedule D-Part 1A-Section 2	SI08	Schedule P-Part 3J-Auto Physical Damage	64
Schedule D-Part 2-Section 1	E11	Schedule P-Part 3K-Fidelity/Surety	64
Schedule D-Part 2-Section 2	E12	Schedule P-Part 3L-Other (Including Credit, Accident and Health)	64
Schedule D-Part 3	E13	Schedule P-Part 3M-International	64
Schedule D-Part 4	E14	Schedule P-Part 3N-Reinsurance - Nonproportional Assumed Property	65
Schedule D-Part 5	E15	Schedule P-Part 3O-Reinsurance - Nonproportional Assumed Liability	65
Schedule D-Part 6-Section 1	E16	Schedule P-Part 3P-Reinsurance - Nonproportional Assumed Financial Lines	65
Schedule D-Part 6-Section 2	E16	Schedule P-Part 3R-Section 1-Products Liability-Occurrence	66
Schedule D-Summary By Country	SI04	Schedule P-Part 3R-Section 2-Products Liability-Claims-Made	66
Schedule D-Verification Between Years	SI03	Schedule P-Part 3S-Financial Guaranty/Mortgage Guaranty	66
Schedule DA-Part 1	E17	Schedule P-Part 3T-Warranty	66
Schedule DA-Verification Between Years	SI10	Schedule P-Part 4A-Homeowners/Farmowners	67
Schedule DB-Part A-Section 1	E18	Schedule P-Part 4B-Private Passenger Auto Liability/Medical	67
Schedule DB-Part A-Section 2	E19	Schedule P-Part 4C-Commercial Auto/Truck Liability/Medical	67
Schedule DB-Part A-Verification Between Years	SI11	Schedule P-Part 4D-Workers' Compensation (Excluding Excess Workers Compensation)	67
Schedule DB-Part B-Section 1	E20	Schedule P-Part 4E-Commercial Multiple Peril	67
Schedule DB-Part B-Section 2	E21	Schedule P-Part 4F-Section 1-Medical Professional Liability-Occurrence	68
Schedule DB-Part B-Verification Between Years	SI11	Schedule P-Part 4F-Section 2-Medical Professional Liability-Claims-Made	68
Schedule DB-Part C-Section 1	SI12	Schedule P-Part 4G-Special Liability (Ocean Marine, Aircraft (All Perils), Boiler & Machinery)	68
Schedule DB-Part C-Section 2	SI13	Schedule P-Part 4H-Section 1-Other Liability-Occurrence	68
Schedule DB-Part D-Section 1	E22	Schedule P-Part 4H-Section 2-Other Liability-Claims-Made	68
Schedule DB-Part D-Section 2	E23	Schedule P-Part 4I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	69
Schedule DB-Verification	SI14	Schedule P-Part 4J-Auto Physical Damage	69
Schedule DL-Part 1	E24	Schedule P-Part 4K-Fidelity/Surety	69
Schedule DL-Part 2	E25	Schedule P-Part 4L-Other (Including Credit, Accident and Health)	69
Schedule E-Part 1-Cash	E26	Schedule P-Part 4M-International	69
Schedule E-Part 2-Cash Equivalents	E27	Schedule P-Part 4N-Reinsurance - Nonproportional Assumed Property	70
Schedule E-Part 3-Special Deposits	E28	Schedule P-Part 4O-Reinsurance - Nonproportional Assumed Liability	70
Schedule E-Verification Between Years	SI15	Schedule P-Part 4P-Reinsurance - Nonproportional Assumed Financial Lines	70
Schedule F-Part 1	20	Schedule P-Part 4R-Section 1-Products Liability-Occurrence	71
Schedule F-Part 2	21	Schedule P-Part 4R-Section 2-Products Liability-Claims-Made	71
Schedule F-Part 3	22	Schedule P-Part 4S-Financial Guaranty/Mortgage Guaranty	71
Schedule F-Part 4	23	Schedule P-Part 4T-Warranty	71
Schedule F-Part 5	24	Schedule P-Part 5A-Homeowners/Farmowners	72
Schedule F-Part 6-Section 1	25	Schedule P-Part 5B-Private Passenger Auto Liability/Medical	73
Schedule F-Part 6-Section 2	26	Schedule P-Part 5C-Commercial Auto/Truck Liability/Medical	74
Schedule F-Part 7	27	Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers Compensation)	75
Schedule F-Part 8	28	Schedule P-Part 5E-Commercial Multiple Peril	76
Schedule F-Part 9	29	Schedule P-Part 5F-Medical Professional Liability-Claims-Made	78
Schedule H-Accident and Health Exhibit-Part 1	30	Schedule P-Part 5F-Medical Professional Liability-Occurrence	77
Schedule H-Part 2, Part 3 and Part 4	31	Schedule P-Part 5H-Other Liability-Claims-Made	80
Schedule H-Part 5-Health Claims	32	Schedule P-Part 5H-Other Liability-Occurrence	79
Schedule P-Part 1-Summary	33	Schedule P-Part 5R-Products Liability-Claims-Made	82
Schedule P-Part 1A-Homeowners/Farmowners	35	Schedule P-Part 5R-Products Liability-Occurrence	81
Schedule P-Part 1B-Private Passenger Auto Liability/Medical	36	Schedule P-Part 5T-Warranty	83
Schedule P-Part 1C-Commercial Auto/Truck Liability/Medical	37	Schedule P-Part 6C-Commercial Auto/Truck Liability/Medical	84
Schedule P-Part 1D-Workers' Compensation (Excluding Excess Workers Compensation)	38	Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers Compensation)	84
Schedule P-Part 1E-Commercial Multiple Peril	39	Schedule P-Part 6E-Commercial Multiple Peril	85
Schedule P-Part 1F-Section 1-Medical Professional Liability-Occurrence	40	Schedule P-Part 6H-Other Liability-Claims-Made	86
Schedule P-Part 1F-Section 2-Medical Professional Liability-Claims-Made	41	Schedule P-Part 6H-Other Liability-Occurrence	85
Schedule P-Part 1G-Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler & Machinery)	42	Schedule P-Part 6M-International	86
Schedule P-Part 1H-Section 1-Other Liability-Occurrence	43	Schedule P-Part 6N-Reinsurance - Nonproportional Assumed Property	87
Schedule P-Part 1H-Section 2-Other Liability-Claims-Made	44	Schedule P-Part 6O-Reinsurance - Nonproportional Assumed Liability	87
Schedule P-Part 1I-Spec. Prop. (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45	Schedule P-Part 6R-Products Liability-Claims-Made	88
Schedule P-Part 1J-Auto Physical Damage	46	Schedule P-Part 6R-Products Liability-Occurrence	88
Schedule P-Part 1K-Fidelity/Surety	47	Schedule P-Part 7A-Primary Loss Sensitive Contracts	89
Schedule P-Part 1L-Other (Including Credit, Accident and Health)	48	Schedule P-Part 7B-Reinsurance Loss Sensitive Contracts	91
Schedule P-Part 1M-International	49	Schedule P-Interrogatories	93
Schedule P-Part 1N-Reinsurance - Nonproportional Assumed Property	50	Schedule T-Exhibit of Premiums Written	94
Schedule P-Part 1O-Reinsurance - Nonproportional Assumed Liability	51	Schedule T-Part 2-Interstate Compact	95
Schedule P-Part 1P-Reinsurance - Nonproportional Assumed Financial Lines	52	Schedule Y-Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule P-Part 1R-Section 1-Products Liability-Occurrence	53	Schedule Y-Detail of Insurance Holding Company System	97
Schedule P-Part 1R-Section 2-Products Liability-Claims-Made	54	Schedule Y-Part 2-Summary of Insurer's Transactions With Any Affiliates	98
Schedule P-Part 1S-Financial Guaranty/Mortgage Guaranty	55	Statement of Income	4
Schedule P-Part 1T-Warranty	56	Summary Investment Schedule	SI01
Schedule P-Part 2, Part 3 and Part 4 - Summary	34	Supplemental Exhibits and Schedules Interrogatories	99
Schedule P-Part 2A-Homeowners/Farmowners	57	Underwriting and Investment Exhibit Part 1	6
Schedule P-Part 2B-Private Passenger Auto Liability/Medical	57	Underwriting and Investment Exhibit Part 1A	7
Schedule P-Part 2C-Commercial Auto/Truck Liability/Medical	57	Underwriting and Investment Exhibit Part 1B	8
Schedule P-Part 2D-Workers' Compensation (Excluding Excess Workers Compensation)	57	Underwriting and Investment Exhibit Part 2	9
Schedule P-Part 2E-Commercial Multiple Peril	57	Underwriting and Investment Exhibit Part 2A	10
Schedule P-Part 2F-Section 1-Medical Professional Liability-Occurrence	58	Underwriting and Investment Exhibit Part 3	11
Schedule P-Part 2F-Section 2-Medical Professional Liability-Claims-Made	58		