AMENDED FILING EXPLANATION

General Inverrogatory # 5 was changed to a NO response (party to a merger) and Note 26 Intercompany Poolintg Arrangements was completed (no change from previous years).

PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

* 1 6 7 1 3 2 0 1 6 2 0 1 0 0 1 0 5 *

ANNUAL STATEMENT

For the Year Ended December 31, 2016

of the Condition and Affairs of the

BUCKEYE STATE MUTUAL INSURANCE COMPANY

NAIC Group Code.....46, 46 (Current Period) (Prior Period) NAIC Company Code..... 16713 Employer's ID Number..... 31-6035649

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Incorporated/Organized..... January 28, 1897 Commenced Business..... April 30, 1879

Statutory Home Office	One Heritage Place….. Piqua ..... OH ..... US ..... 45356-4888 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	One Heritage Place….. Piqua ..... OH ..... US..... 45356 *(Street and Number) (City or Town, State, Country 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, Country and Zip Code)*	
Primary Location of Books and Records	One Heritage Place….. Piqua ..... OH ..... US ..... 45356 *(Street and Number) (City or Town, State, Country and Zip Code)*	937-778-5000 *(Area Code) (Telephone Number)*
Internet Web Site Address	http://www.buckeye-ins.com/	
Statutory Statement Contact	Robert E. Bornhorst *(Name)*	937-778-5000 *(Area Code) (Telephone Number) (Extension)*
	rob.bornhorst@buckeye-ins.com *(E-Mail Address)*	937-778-5019 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. John M. Brooks #	President & CEO	2. Lisa Lyn Wesner	VP & Secretary
3. Robert E. Bornhorst	Sr VP, Treasurer, & CFO	4.	

OTHER

Craig Allen Curcio	VP - Controller	Jon Allen Dehas #	VP - Claims
Steven Charles Moeller	VP - Sales & Marketing		

DIRECTORS OR TRUSTEES

Donald E. Benschneider	Robert W. Clark	Joel J. Guth #	John S. Haldeman II
James D. Rogers	Richard J. Seitz	J. MacAlpine Smith	William L. Sweet Jr.
Ralph F Thiele			

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)	(Signature)	(Signature)
John M. Brooks	Lisa Lyn Wesner	Robert E. Bornhorst
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & CEO	VP & Secretary	Sr VP, Treasurer, & CFO
(Title)	(Title)	(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 _____