

## AMENDED FILING EXPLANATION

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The prior year data was missing in the original filing on pages Q10 and Q13. This amended filing now includes this data.



# QUARTERLY STATEMENT

As of September 30, 2017

of the Condition and Affairs of the

## HOME AND FARM INSURANCE COMPANY

NAIC Group Code.....46

(Current Period) (Prior Period)

Organized under the Laws of OH

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

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 17639

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

State of Domicile or Port of Entry OH

Country of Domicile US

Commenced Business..... March 5, 1985

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

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

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

937-778-5000

(Area Code) (Telephone Number)

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)

N/A

937-778-5000

(Area Code) (Telephone Number) (Extension)

Robert E. Bornhorst

937-778-5019

(Fax Number)

(Name)  
rob.bornhorst@buckeye-ins.com  
(E-Mail Address)

## OFFICERS

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

## OTHER

## DIRECTORS OR TRUSTEES

Donald E. Benschneider	Richard J. Seitz	J. MacAlpine Smith	William L. Sweet Jr.
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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)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

a. Is this an original filing?  
b. If no: 1. State the amendment number  
2. Date filed  
3. Number of pages attached

Yes [ X ] No [ ]

\_\_\_\_\_  
\_\_\_\_\_

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

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
		2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
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	302,447	386,339	18,076	7,228	522,592
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
59. Totals.....	(a)	2	302,447	386,339	18,076	7,228	522,592
							219,421

## 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
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	XXX	0	0	0	0	0	0

(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 (other than their state of domicile see DSLI); (D) - DSLI - Domestic Surplus Lines Insurer

(DSLI) - Reporting entities authorized to write Surplus Lines in the state of domicile; (N) - None of the above - Not allowed to write business in the state.

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

**HOME AND FARM INSURANCE COMPANY**  
**PART 1 - LOSS EXPERIENCE**

Lines of Business	Current Year to Date			4 Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			.000	
2. Allied lines.....			.000	
3. Farmowners multiple peril.....			.000	
4. Homeowners multiple peril.....			.000	
5. Commercial multiple peril.....			.000	
6. Mortgage guaranty.....			.000	
8. Ocean marine.....			.000	
9. Inland marine.....			.000	
10. Financial guaranty.....			.000	
11.1 Medical professional liability - occurrence.....			.000	
11.2 Medical professional liability - claims-made.....			.000	
12. Earthquake.....			.000	
13. Group accident and health.....			.000	
14. Credit accident and health.....			.000	
15. Other accident and health.....			.000	
16. Workers' compensation.....			.000	
17.1 Other liability-occurrence.....	335,001	335,641	100.191	29.784
17.2 Other liability-claims made.....			.000	
17.3 Excess workers' compensation.....			.000	
18.1 Products liability-occurrence.....			.000	
18.2 Products liability-claims made.....			.000	
19.1, 19.2 Private passenger auto liability.....			.000	
19.3, 19.4 Commercial auto liability.....			.000	
21. Auto physical damage.....			.000	
22. Aircraft (all perils).....			.000	
23. Fidelity.....			.000	
24. Surety.....			.000	
26. Burglary and theft.....			.000	
27. Boiler and machinery.....			.000	
28. Credit.....			.000	
29. International.....			.000	
30. Warranty.....			.000	
31. Reinsurance-nonproportional assumed property.....	XXX.....	XXX.....	XXX.....	XXX.....
32. Reinsurance-nonproportional assumed liability.....	XXX.....	XXX.....	XXX.....	XXX.....
33. Reinsurance-nonproportional assumed financial lines.....	XXX.....	XXX.....	XXX.....	XXX.....
34. Aggregate write-ins for other lines of business.....	0	0	.000	
35. Totals.....	335,001	335,641	100.191	29.784

**DETAILS OF WRITE-INS**

3401. ....			.000	
3402. ....			.000	
3403. ....			.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	.000	XXX.....
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	.000	

**PART 2 - DIRECT PREMIUMS WRITTEN**

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date	
1. Fire.....				
2. Allied lines.....				
3. Farmowners multiple peril.....				
4. Homeowners multiple peril.....				
5. Commercial multiple peril.....				
6. Mortgage guaranty.....				
8. Ocean marine.....				
9. Inland marine.....				
10. Financial guaranty.....				
11.1 Medical professional liability - occurrence.....				
11.2 Medical professional liability - claims made.....				
12. Earthquake.....				
13. Group accident and health.....				
14. Credit accident and health.....				
15. Other accident and health.....				
16. Workers' compensation.....				
17.1 Other liability-occurrence.....	92,669	302,447		386,339
17.2 Other liability-claims made.....				
17.3 Excess workers' compensation.....				
18.1 Products liability-occurrence.....				
18.2 Products liability-claims made.....				
19.1, 19.2 Private passenger auto liability.....				
19.3, 19.4 Commercial auto liability.....				
21. Auto physical damage.....				
22. Aircraft (all perils).....				
23. Fidelity.....				
24. Surety.....				
26. Burglary and theft.....				
27. Boiler and machinery.....				
28. Credit.....				
29. International.....				
30. Warranty.....				
31. Reinsurance-nonproportional assumed property.....	XXX.....	XXX.....	XXX.....	XXX.....
32. Reinsurance-nonproportional assumed liability.....	XXX.....	XXX.....	XXX.....	XXX.....
33. Reinsurance-nonproportional assumed financial lines.....	XXX.....	XXX.....	XXX.....	XXX.....
34. Aggregate write-ins for other lines of business.....	0	0	0	0
35. Totals.....	92,669	302,447		386,339

**DETAILS OF WRITE-INS**

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