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## AMENDED FILING EXPLANATION

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The Appointed Actuary's Accepted Actuarial Designation (indicated by the letter code) was changed from F to A.



# ANNUAL STATEMENT

For the Year Ended December 31, 2019

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	
Incorporated/Organized.....		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)		937-778-5000 (Area Code) (Telephone Number)	
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)		937-778-5000 (Area Code) (Telephone Number)	
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/		937-778-5000 (Area Code) (Telephone Number)	
Statutory Statement Contact		Craig A Curcio (Name) craig.curcio@buckeye-ins.com (E-Mail Address)		937-778-5000 (Area Code) (Telephone Number) (Extension)	
				937-778-5019 (Fax Number)	

### OFFICERS

Name	Title	Name	Title
1. John Michael Brooks	President & CEO	2. Lisa Lyn Wesner	VP & Secretary
3. Jerry Christopher Collins #	CFO & Treasurer	4. Robert Edward Bornhorst	Senior VP & Chief Underwriting Officer
Jon Allen DeHass	VP - Claims		

### OTHER

### DIRECTORS OR TRUSTEES

William L. Sweet Jr.	Robert W. Clark	Julie A. Covault #	John S. Haldeman II
James D. Rogers	Richard J. Seitz	J. MacAlpine Smith Jr.	Jean M. Bratton #
Oyauma M. Garrison #			

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 Michael Brooks 1. (Printed Name) President & CEO (Title)	(Signature) Lisa Lyn Wesner 2. (Printed Name) VP & Secretary (Title)	(Signature) Jerry Christopher Collins 3. (Printed Name) CFO & Treasurer (Title)
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Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ 2020

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 [ ]

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