
AMENDED FILING EXPLANATION

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

HOME AND FARM INSURANCE COMPANY

NAIC Group Code.....	46, 46	NAIC Company Code.....	17639	Employer's ID Number.....	35-1630739
	(Current Period) (Prior Period)				
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, Country and Zip Code)				
Main Administrative Office	One Heritage Place .. Piqua .. OH .. US .. 45356			937-778-5000	
	(Street and Number) (City or Town, State, Country and Zip Code)			(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			937-778-5000	
	(Street and Number) (City or Town, State, Country and Zip Code)			(Area Code) (Telephone Number)	
Internet Web Site Address	N/A				
Statutory Statement Contact	Craig Allen Curcio			937-778-5000	
	(Name)			(Area Code) (Telephone Number) (Extension)	
	craig.curcio@buckeye-ins.com			937-778-5019	
	(E-Mail Address)			(Fax Number)	

OFFICERS

Name	Title	Name	Title
1. John Michael Brooks	President	2. Lisa Lyn Wesner	Secretary
3. Jerry Christopher Collins #	Treasurer	4. Robert Edward Bornhorst	Vice President

OTHER

DIRECTORS OR TRUSTEES

John M. Brooks	Robert W. Clark	J. MacAlpine Smith Jr.	William L. Sweet Jr.
James D. Rogers			

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 Michael Brooks	Lisa Lyn Wesner	Jerry Christopher Collins
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2020	b. If no	1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____