



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)	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)		
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			N/A	937-778-5000	
Statutory Statement Contact			Craig Allen Curcio (Name) craig.curcio@buckeye-ins.com (E-Mail Address)	937-778-5019 (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.
James D. Rogers		William L. Sweet Jr.

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

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 []

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).....	6,472,335		6,472,335	6,296,923
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
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 (\$....25,428, Schedule E-Part 1), cash equivalents (\$....71,652, Schedule E-Part 2) and short-term investments (\$.....0, Schedule DA).....	97,080		97,080	294,513
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	0		0	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	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	6,569,415	0	6,569,415	6,591,436
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	42,672		42,672	44,577
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	361,943		361,943	358,250
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.....	45,718		45,718	14,016
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.....	28,796		28,796	28,337
18.2 Net deferred tax asset.....	71,766	34,702	37,064	39,637
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.....	20,190		20,190	25,755
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).....	9,140,500	34,702	9,105,798	9,102,008
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	9,140,500	34,702	9,105,798	9,102,008

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).....	328,159	420,312
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6).....	221,422	269,895
3. Loss adjustment expenses (Part 2A, Line 35, Column 9).....	51,196	66,645
4. Commissions payable, contingent commissions and other similar charges.....	40,370	48,622
5. Other expenses (excluding taxes, licenses and fees).....	134,946	147,368
6. Taxes, licenses and fees (excluding federal and foreign income taxes).....	12,835	4,520
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 \$.....0 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).....	801,246	791,780
10. Advance premium.....		
11. Dividends declared and unpaid:		
11.1 Stockholders.....		
11.2 Policyholders.....		
12. Ceded reinsurance premiums payable (net of ceding commissions).....		16,927
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20).....	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 3, Column 78).....		
17. Net adjustments in assets and liabilities due to foreign exchange rates.....		
18. Drafts outstanding.....		
19. Payable to parent, subsidiaries and affiliates.....	138,956	133,326
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).....	2,029,130	2,199,395
27. Protected cell liabilities.....		
28. Total liabilities (Lines 26 and 27).....	2,029,130	2,199,395
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).....	(1,377,795)	(1,551,850)
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).....	7,076,668	6,902,613
38. TOTAL (Page 2, Line 28, Col. 3).....	9,105,798	9,102,008

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
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	1,571,695	1,644,868
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7).....	942,108	1,101,434
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1).....	79,454	92,401
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2).....	533,267	517,841
5. Aggregate write-ins for underwriting deductions.....	0	0
6. Total underwriting deductions (Lines 2 through 5).....	1,554,829	1,711,676
7. Net income of protected cells.....		
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7).....	16,867	(66,808)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17).....	151,040	138,897
10. Net realized capital gains (losses) less capital gains tax of \$.....0 (Exhibit of Capital Gains (Losses)).....	8,260	(2,478)
11. Net investment gain (loss) (Lines 9 + 10).....	159,300	136,419
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	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).....	176,167	69,611
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).....	176,167	69,611
19. Federal and foreign income taxes incurred.....	(459)	
20. Net income (Line 18 minus Line 19) (to Line 22).....	176,626	69,611
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2).....	6,902,613	6,824,690
22. Net income (from Line 20).....	176,626	69,611
23. Net transfers (to) from Protected Cell accounts.....		
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....		
25. Change in net unrealized foreign exchange capital gain (loss).....		
26. Change in net deferred income tax.....	(3,827)	1,795
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Column 3).....	1,256	6,517
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).....	174,055	77,923
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37).....	7,076,668	6,902,613

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. Proceeds from book of business.....		
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
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	1,560,541	1,476,350
2. Net investment income.....	175,298	163,395
3. Miscellaneous income.....		
4. Total (Lines 1 through 3).....	1,735,839	1,639,745
5. Benefit and loss related payments.....	1,114,436	1,202,620
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	640,529	626,489
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	1,754,965	1,829,109
11. Net cash from operations (Line 4 minus Line 10).....	(19,126)	(189,364)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	1,614,590	747,987
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
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).....	1,614,590	747,987
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,804,092	564,097
13.2 Stocks.....		495
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).....	1,804,092	564,592
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).....	(189,502)	183,395
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
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).....	11,195	(31,360)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	11,195	(31,360)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(197,433)	(37,329)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	294,513	331,842
19.2 End of year (Line 18 plus Line 19.1).....	97,080	294,513

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

20.0001
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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.....	.82,105	.44,114	.44,443	.81,776
2. Allied lines.....	0	0	0	0
3. Farmowners multiple peril.....	432,224	213,797	222,168	423,853
4. Homeowners multiple peril.....	342,809	179,675	184,385	338,099
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.....	10,078	5,415	5,358	10,135
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.....	1,074	.994	.500	1,568
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.....	387,125	190,933	185,443	392,615
19.3, 19.4 Commercial auto liability.....	0	0	0	0
21. Auto physical damage.....	325,746	156,852	158,949	323,649
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.....	1,581,161	791,780	801,246	1,571,695

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.....	44,443				44,443
2. Allied lines.....					0
3. Farmowners multiple peril.....	222,168				222,168
4. Homeowners multiple peril.....	184,385				184,385
5. Commercial multiple peril.....					0
6. Mortgage guaranty.....					0
8. Ocean marine.....					0
9. Inland marine.....	5,358				5,358
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.....	500				500
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.....	185,443				185,443
19.3, 19.4 Commercial auto liability.....					0
21. Auto physical damage.....	158,949				158,949
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.....	801,246	0	0	0	801,246
36. Accrued retrospective premiums based on experience.....					
37. Earned but unbilled premiums.....					0
38. Balance (sum of Lines 35 through 37).....					801,246

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.....		82,105				82,105
2. Allied lines.....						0
3. Farmowners multiple peril.....		432,224				432,224
4. Homeowners multiple peril.....		342,809				342,809
5. Commercial multiple peril.....						0
6. Mortgage guaranty.....						0
8. Ocean marine.....						0
9. Inland marine.....		10,078				10,078
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.....	(315)	1,074		(323)	8	1,074
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.....		387,125				387,125
19.3, 19.4 Commercial auto liability.....						0
21. Auto physical damage.....		325,746				325,746
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.....	(315)	1,581,161	0	(323)	8	1,581,161

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.....				48,458	48,458	1,545	10,865	39,138
2. Allied lines.....					0	0	0	0.0
3. Farmowners multiple peril.....				250,684	250,684	55,620	54,998	251,306
4. Homeowners multiple peril.....				221,821	221,821	40,992	39,372	223,441
5. Commercial multiple peril.....					0	0	0	0.0
6. Mortgage guaranty.....					0	0	0	0.0
8. Ocean marine.....					0	0	0	0.0
9. Inland marine.....				1,908	1,908	.630	1,847	.691
10. Financial guaranty.....					0	0	0	0.0
11.1 Medical professional liability - occurrence.....					0	0	0	0.0
11.2 Medical professional liability - claims-made.....					0	0	0	0.0
12. Earthquake.....					0	0	0	0.0
13. Group accident and health.....					0	0	0	0.0
14. Credit accident and health (group and individual).....					0	0	0	0.0
15. Other accident and health.....					0	0	0	0.0
16. Workers' compensation.....					0	0	0	0.0
17.1 Other liability - occurrence.....		47,378		4,744	47,378	4,744	8,611	35,227
17.2 Other liability - claims-made.....					0	0	0	0.0
17.3 Excess workers' compensation.....					0	0	0	0.0
18.1 Products liability - occurrence.....					0	0	0	0.0
18.2 Products liability - claims-made.....					0	0	0	0.0
19.1, 19.2 Private passenger auto liability.....				273,397	273,397	.212,703	.267,043	.219,057
19.3, 19.4 Commercial auto liability.....					0	0	0	0.0
21. Auto physical damage.....				233,249	233,249	8,058	10,960	230,347
22. Aircraft (all perils).....					0	0	0	0.0
23. Fidelity.....					0	0	0	0.0
24. Surety.....					0	0	0	0.0
26. Burglary and theft.....					0	0	0	0.0
27. Boiler and machinery.....					0	0	0	0.0
28. Credit.....					0	0	0	0.0
29. International.....					0	0	0	0.0
30. Warranty.....					0	0	0	0.0
31. Reinsurance - nonproportional assumed property.....		XXX.			0	0	0	0.0
32. Reinsurance - nonproportional assumed liability.....		XXX.			0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines.....		XXX.			0	0	0	0.0
34. Aggregate write-ins for other lines of business.....		0		0	0	0	0	0.0
35. TOTALS.....		47,378	1,034,261	47,378	1,034,261	.328,159	.420,312	.942,108
DETAILS OF WRITE-INS								
3401.					0	0	0	0.0
3402.					0	0	0	0.0
3403.					0	0	0	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.....			294	294		1,251		1,545	.431
2. Allied lines.....				0				0	
3. Farmowners multiple peril.....		33,505		33,505		22,115		55,620	10,684
4. Homeowners multiple peril.....		19,823		19,823		21,169		40,992	7,537
5. Commercial multiple peril.....				0				0	
6. Mortgage guaranty.....				0				0	
8. Ocean marine.....				0				0	
9. Inland marine.....				0		630		.630	
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.....	300,000	7,519	300,000	7,519		1,092		8,611	128
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.....		120,540		120,540		92,163		212,703	29,814
19.3, 19.4 Commercial auto liability.....				0				0	
21. Auto physical damage.....		(17,903)		(17,903)		25,961		8,058	2,602
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	0
35. TOTALS.....	300,000	163,778	300,000	163,778	0	164,381	0	328,159	51,196

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	0
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....	0	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 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct.....	(132,185)			(132,185)
1.2 Reinsurance assumed.....	15,724			15,724
1.3 Reinsurance ceded.....	(132,185)			(132,185)
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3).....	15,724	0	0	15,724
2. Commission and brokerage:				
2.1 Direct, excluding contingent.....		(47)		(47)
2.2 Reinsurance assumed, excluding contingent.....		205,746		205,746
2.3 Reinsurance ceded, excluding contingent.....		(47)		(47)
2.4 Contingent - direct.....				0
2.5 Contingent - reinsurance assumed.....		21,284		21,284
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	227,030	0	227,030
3. Allowances to manager and agents.....		1,211		1,211
4. Advertising.....		4,564		4,564
5. Boards, bureaus and associations.....		17,625		17,625
6. Surveys and underwriting reports.....		12,110		12,110
7. Audit of assureds' records.....				0
8. Salary and related items:				
8.1 Salaries.....	33,272	97,571	284	131,127
8.2 Payroll taxes.....	2,700	6,970	19	9,689
9. Employee relations and welfare.....	5,184	16,167	13	21,364
10. Insurance.....	4,431	17,800	55	22,286
11. Directors' fees.....	3,916	12,960		16,876
12. Travel and travel items.....	1,236	3,879		5,115
13. Rent and rent items.....	1,533	6,921	21	8,475
14. Equipment.....	.77	.255		.332
15. Cost or depreciation of EDP equipment and software.....	8,257	27,348		35,605
16. Printing and stationery.....	1,383	4,553	107	6,043
17. Postage, telephone and telegraph, exchange and express.....	1,741	5,785		7,526
18. Legal and auditing.....		34,786		34,786
19. Totals (Lines 3 to 18).....	63,730	270,505	499	334,734
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$.....0.....		30,948		30,948
20.2 Insurance department licenses and fees.....		4,757		4,757
20.3 Gross guaranty association assessments.....		28		28
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	35,733	0	35,733
21. Real estate expenses.....				0
22. Real estate taxes.....		21		21
23. Reimbursements by uninsured plans.....				0
24. Aggregate write-ins for miscellaneous expenses.....	0	(22)	12,778	12,756
25. Total expenses incurred.....	79,454	533,267	13,277	(a) 625,998
26. Less unpaid expenses - current year.....	51,195	188,151		239,346
27. Add unpaid expenses - prior year.....	66,644	200,510		267,154
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).....	94,903	545,626	13,277	653,806

DETAILS OF WRITE-INS

2401. MISCELLANEOUS.....		(167)		(167)
2402. CONTRIBUTIONS.....		145		145
2403. INVESTMENT MGT. FEE.....			12,778	12,778
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	(22)	12,778	12,756

(a) Includes management fees of \$....22,800 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).....35,451	.....33,625
1.1 Bonds exempt from U.S. tax.....	(a).....3,365	.....3,365
1.2 Other bonds (unaffiliated).....	(a).....124,086	.....124,007
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....3,320	.....3,320
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....166,222	.....164,317
11. Investment expenses.....	.....	(g).....13,277
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).....	.....	.....13,277
17. Net investment income (Line 10 minus Line 16).....	.....	.....151,040

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
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above).....	.....	.....0

(a) Includes \$.....5,256 accrual of discount less \$.....27,609 amortization of premium and less \$.....4,646 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.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....8,260	.....	.....8,260	.....	.....
1.3 Bonds of affiliates.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....0	.....	.....
2.11 Preferred stocks of affiliates.....0	.....	.....
2.2 Common stocks (unaffiliated).....0	.....	.....
2.21 Common stocks of affiliates.....0	.....	.....
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.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....8,260	.....0	.....8,260	.....0	.....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):			0
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			0
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			0
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	.0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			0
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:			0
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.....	34,702	35,958	1,256
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).....	34,702	35,958	1,256
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	34,702	35,958	1,256

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 Ohio Insurance Department.

The state of Ohio requires insurance companies domiciled in the state of Ohio 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 #	2019	2018
NET INCOME					
(1) Company state basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 176,626	\$ 69,611
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 176,626	\$ 69,611
SURPLUS					
(5) Company state basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,076,668	\$ 6,902,613
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 7,076,668	\$ 6,902,613

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.

- (1) Basis for Short-Term Investments
Short-term investments are stated at amortized cost.
- (2) Basis for Bonds and Amortization Schedule
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) Basis for Common Stocks
Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at market.
- (4) Basis for Preferred Stocks
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) Basis for Mortgage Loans
The Company does not have any mortgage loans.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology
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) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities
Insurance subsidiary (Home and Farm Insurance Company, a subsidiary of Buckeye State Mutual Insurance Company) is stated at statutory equity value. Non-insurance subsidiary Hetuck Insurance Agency, Inc is stated at statutory equity value.
- (8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities
The Company does not have any joint ventures or partnerships.
- (9) Accounting Policies for Derivatives
The Company does not carry any derivatives.
- (10) Anticipated Investment Income Used in Premium Deficiency Calculation
The Company does not anticipate investment income as a factor in premium deficiency calculations.
- (11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses
Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and 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 liability are continually reviewed and any adjustments are reflected in the period determined.

NOTES TO FINANCIAL STATEMENTS

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period
The Company has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables
Not applicable

D. Going Concern
Not applicable

Note 2 – Accounting Changes and Correction of Errors

Not applicable.

Note 3 – Business Combinations and Goodwill

A. Statutory Purchase Method
Not applicable.

B. Statutory Merger
Not applicable.

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) Description of Sources Used to Determine Prepayment Assumptions
Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker-dealer survey values or internal estimates.

(2) Other-Than-Temporary Impairments

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
OTTI Recognized 1st Quarter			
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. Total 1 st Quarter	\$	\$	\$
OTTI Recognized 2nd Quarter			
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. Total 2 nd Quarter	\$	\$	\$
OTTI Recognized 3rd Quarter			
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. Total 3 rd Quarter	\$	\$	\$
OTTI Recognized 4th Quarter			
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			

NOTES TO FINANCIAL STATEMENTS

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
amortized cost basis			
I. Total 4th Quarter	\$	\$	\$
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	\$ (1,002)
	2. 12 Months or Longer	\$ (968)
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 216,215
	2. 12 Months or Longer	\$ 149,908

(5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

Not applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing

Repurchase Transaction – Cash Taker – Overview of Secured Borrowing Transactions
Not applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Repurchase Transactions – Cash Provider – Overview of Secured Borrowing Transactions
Not applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Repurchase Transaction – Cash Taker – Overview of Sale Transactions
Not applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Repurchase Transaction – Cash Provider – Overview of Sale Transactions
Not applicable.

J. Real Estate

Not applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted)					Restricted	
	Current Year					6	7
	1 Total General Account (G/A)	2 G/A Supporting Protected Cell Account Activity (a)	3 Total Protected Cell Account (S/A) Restricted Assets	4 Protected Cell Account Assets Supporting G/A Activity (b)	5 Total (1 plus 3)		
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$
b. Collateral held under security lending arrangements							
c. Subject to repurchase agreements							

NOTES TO FINANCIAL STATEMENTS

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted						6	7		
	Current Year					5				
	1 Total General Account (G/A)	2 G/A Supporting Protected Cell Account Activity (a)	3 Total Protected Cell Account (S/A) Restricted Assets	4 Protected Cell Account Assets Supporting G/A Activity (b)	5 Total (1 plus 3)					
d. Subject to reverse repurchase agreements										
e. Subject to dollar repurchase agreements										
f. Subject to dollar reverse repurchase agreements										
g. Placed under option contracts										
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock										
i. FHLB capital stock										
j. On deposit with states	100,245					100,245	100,139	106		
k. On deposit with other regulatory bodies										
l. Pledged as collateral to FHLB (including assets backing funding agreements)										
m. Pledged as collateral not captured in other categories										
n. Other restricted assets										
o. Total Restricted Assets	\$ 100,245	\$	\$	\$	\$ 100,245	\$ 100,139	\$ 106			

Restricted Asset Category	Current Year					8	9	11			
	Total Nonadmitted Restricted		Total Admitted Restricted (5 minus 8)	Percentage							
				10	11						
a. Subject to contractual obligation for which liability is not shown	\$	\$		%	%						
b. Collateral held under security lending arrangements				%	%						
c. Subject to repurchase agreements				%	%						
d. Subject to reverse repurchase agreements				%	%						
e. Subject to dollar repurchase agreements				%	%						
f. Subject to dollar reverse repurchase agreements				%	%						
g. Placed under option contracts				%	%						
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock				%	%						
i. FHLB capital stock				%	%						
j. On deposit with states		100,245		1.1%	1.1%						
k. On deposit with other regulatory bodies				%	%						
l. Pledged as collateral to FHLB (including assets backing funding agreements)				%	%						
m. Pledged as collateral not captured in other categories				%	%						
n. Other restricted assets				%	%						
o. Total Restricted Assets	\$	\$ 100,245		1.1%	1.1%						

- (a) Subset of column 1
- (b) Subset of column 3
- (c) Column 5 divided by Asset Page, Column 1, Line 28
- (d) Column 9 divided by Asset Page, Column 3, Line 28

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross (Admitted & Nonadmitted) Restricted						8	Percentage	
	Current Year					6	7	9	10
	1 Total General Account (G/A)	2 G/A Supporting Protected Cell Activity (a)	3 Total Protected Cell Account Restricted Assets	4 Protected Cell Assets Supporting G/A Activity (b)	5 Total (1 plus 3)				
Total (c)	\$	\$	\$	\$	\$	6	7	8	9
						Total Current Year Admitted Restricted	Increase/ (Decrease) (5 minus 6)	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets

- (a) Subset of column 1
- (b) Subset of column 3

NOTES TO FINANCIAL STATEMENTS

(c) Total Line for Columns 1 through 7 should equal 5L(1)m Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)m Columns 9 through 11 respectively.

(3) Detail of Other Restricted Assets (Contracts that Share Similar Characteristics, such as Reinsurance and Derivatives, are Reported in the Aggregate)

Description of Assets	Gross (Admitted & Nonadmitted) Restricted					6	7	8	Percentage	
	1	2	3	4	5				9	10
Total General Account (G/A)	G/A Supporting Protected Cell Activity (a)	Total Protected Cell Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets	Admitted Restricted to Total Admitted Assets	
Total (c)	\$	\$	\$	\$	\$	\$	\$	%	%	

(a) Subset of column 1
 (b) Subset of column 3
 (c) Total Line for Columns 1 through 7 should equal 5L(1)n Columns 1 through 7 respectively and Total Line for Columns 8 through 10 should equal 5L(1)n Columns 9 through 11 respectively.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Collateral Assets	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3 % of BACV to Total Assets (Admitted and Nonadmitted)*	4 % of BACV to Total Admitted Assets**
General Account:				
a. Cash, Cash Equivalents and Short-Term Investments	\$	\$	%	%
b. Schedule D, Part 1			%	%
c. Schedule D, Part 2, Sec. 1			%	%
d. Schedule D, Part 2, Sec. 2			%	%
e. Schedule B			%	%
f. Schedule A			%	%
g. Schedule BA, Part 1			%	%
h. Schedule DL, Part 1			%	%
i. Other			%	%
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$	\$	%	%
Protected Cell:				
k. Cash, Cash Equivalents and Short-Term Investments	\$	\$	%	%
l. Schedule D, Part 1			%	%
m. Schedule D, Part 2, Sec. 1			%	%
n. Schedule D, Part 2, Sec. 2			%	%
o. Schedule B			%	%
p. Schedule A			%	%
q. Schedule BA, Part 1			%	%
r. Schedule DL, Part 1			%	%
s. Other			%	%
t. Total Collateral Assets (k+l+m+n+o+p+q+r+s)	\$	\$	%	%

*. j = Column 1 divided by Asset Page, Line 26 (Column 1)

** j = Column 1 divided by Asset Page, Line 26, (Column 3)

t = Column 1 divided by Asset Page, Line 27 (Column 1)

t = Column 1 divided by Asset Page, Line 27 (Column 3)

	1 Amount	2 % of Liability to Total Liabilities
u. Recognized Obligation to Return Collateral Asset (General Account)	\$	%
v. Recognized Obligation to Return Collateral Asset (Protected Cell)	\$	%

* u = Column 1 divided by Liability Page, Line 26 (Column 1)

v = Column 1 divided by Liability Page, Line 27 (column 1)

M. Working Capital Finance Investments
 Not applicable.

N. Offsetting and Netting of Assets and Liabilities
 Not applicable.

O. 5GI Securities
 Not applicable.

P. Short Sales
 Not applicable.

Q. Prepayment Penalty and Acceleration Fees

	General Account	Protected Cell
(1) Number of CUSIPs		
(2) Aggregate Amount of Investment Income	\$	\$

NOTES TO FINANCIAL STATEMENTS**Note 6 – Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable.

Note 7 – Investment Income

A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
The Company nonadmits investment income due and accrued if amounts are over 90 days past due.

B. The total amount excluded:
None

Note 8 – Derivative Instruments

Not applicable.

Note 9 – Income Taxes

A. Deferred Tax Assets/(Liabilities)

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

	2019			2018			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	\$ 180,772	\$ 1,768	\$ 182,540	\$ 214,044	\$ 1,768	\$ 215,812	\$ (33,272)	\$	\$ (33,272)
b. Statutory valuation allowance adjustment	107,095		107,095	136,500		136,500	(29,405)		(29,405)
c. Adjusted gross deferred tax assets (1a-1b)	\$ 73,677	\$ 1,768	\$ 75,445	\$ 77,544	\$ 1,768	\$ 79,312	\$ (3,867)	\$	\$ (3,867)
d. Deferred tax assets nonadmitted	32,934	1,768	34,702	34,190	1,768	35,958	(1,256)		(1,256)
e. Subtotal net admitted deferred tax asset (1c-1d)	\$ 40,743	\$	\$ 40,743	\$ 43,354	\$	\$ 43,354	\$ (2,611)	\$	\$ (2,611)
f. Deferred tax liabilities	2,150	1,529	3,679	2,357	1,360	3,717	(207)	169	(38)
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 38,593	\$ (1,529)	\$ 37,064	\$ 40,997	\$ (1,360)	\$ 39,637	\$ (2,404)	\$ (169)	\$ (2,573)

2. Admission Calculation Components SSAP No. 101

	2019			2018			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	\$	\$	\$	\$	\$	\$	\$	\$	\$
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)	37,064		37,064	39,637		39,637	(2,573)		(2,573)
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date	37,064		37,064	39,637		39,637	(2,573)		(2,573)
2. Adjusted gross deferred tax assets allowed per limitation threshold									
c. Adjusted gross deferred tax assets (excluding the amount of deferred	3,679		3,679	3,717		3,717	(38)		(38)

NOTES TO FINANCIAL STATEMENTS

		2019			2018			Change	
	1	2	3 (Col 1+2) Total	4	5	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101.									
Total (2(a)+2(b)+2(c))	\$ 40,743	\$ 40,743	\$ 43,354	\$ 43,354	\$ (2,611)	\$ (2,611)			

3. Other Admissibility Criteria

		2019	2018
a. Ratio percentage used to determine recovery period and threshold limitation amount		4,417.0%	4,403.0%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above		\$ 7,039,604	\$ 6,862,976

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.

	2019		2018		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)	\$ 73,677	\$ 1,768	\$ 77,544	\$ 1,768	\$ (3,867)	\$
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)	\$ 40,743	\$ 43,354	\$ (2,611)	\$		
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

- The types of temporary differences for which a DTL has not been recognized and the types of events that would cause those temporary differences to become taxable are:
Not applicable
- The cumulative amount of each type of temporary difference is:
Not applicable
- The amount of the unrecognized DTL for temporary differences related to investments in foreign subsidiaries and foreign corporate joint ventures that are essentially permanent in duration, if determination of that liability is practicable, or a statement that determination is not practicable are:
Not applicable
- The amount of the DTL for temporary differences other than those in item (3) above that is not recognized is:
Not applicable

C. Current and Deferred Income Taxes

1. Current Income Tax

	1 2019	2 2018	3 (Col 1-2) Change
a. Federal	\$ (459)	\$	\$ (459)
b. Foreign	\$	\$	\$
c. Subtotal	\$ (459)	\$	\$ (459)
d. Federal income tax on net capital gains	\$	\$	\$
e. Utilization of capital loss carry-forwards	\$	\$	\$
f. Other	\$	\$	\$
g. Federal and Foreign income taxes incurred	\$ (459)	\$	\$ (459)

NOTES TO FINANCIAL STATEMENTS

2. Deferred Tax Assets

	1 2019	2 2018	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$ 4,935	\$ 7,753	\$ (2,818)
2. Unearned premium reserve	33,652	33,255	397
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	142,185	173,036	(30,851)
12. Tax credit carry-forward			
13. Other (items <=5% and >5% of total ordinary tax assets)			
Other (items listed individually >5% of total ordinary tax assets)			
99. Subtotal	\$ 180,772	\$ 214,044	\$ (33,272)
b. Statutory valuation allowance adjustment	107,095	136,500	(29,405)
c. Nonadmitted	32,934	34,190	(1,256)
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	\$ 40,743	\$ 43,354	\$ (2,611)
e. Capital:			
1. Investments	\$ 1,768	\$ 1,768	\$
2. Net capital loss carry-forward			
3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)			
99. Subtotal	\$ 1,768	\$ 1,768	\$
f. Statutory valuation allowance adjustment			
g. Nonadmitted	1,768	1,768	
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$ 40,743	\$ 43,354	\$ (2,611)

3. Deferred Tax Liabilities

	1 2019	2 2018	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$	\$	\$
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (items <=5% and >5% of total ordinary tax liabilities)	2,150	2,357	(207)
Other (items listed individually >5% of total ordinary tax liabilities)			
99. Subtotal	\$ 2,150	\$ 2,357	\$ (207)
b. Capital:			
1. Investments	\$ 1,529	\$ 1,360	\$ 169
2. Real estate			
3. Other (items <=5% and >5% of total capital tax liabilities)			
Other (items listed individually >5% of total capital tax liabilities)			
99. Subtotal	\$ 1,529	\$ 1,360	\$ 169
c. Deferred tax liabilities (3a99+3b99)	\$ 3,679	\$ 3,717	\$ (38)
4. Net Deferred Tax Assets/Liabilities (2i – 3c)	\$ 37,064	\$ 39,637	\$ (2,573)

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 (%)
Permanent Differences:		
Provision computed at statutory rate	\$ 36,995	21.0%
Change in nonadmitted assets		%
Proration of tax exempt investment income	381	0.2%
Tax exempt income deduction	(1,523)	(0.9)%
Dividends received deduction		%
Disallowable travel and entertainment		%
Other permanent differences		%
Temporary Differences:		
Total ordinary DTAs		%

NOTES TO FINANCIAL STATEMENTS

	Amount	Effective Tax Rate (%)
Total ordinary DTLs		%
Total capital DTAs		%
Total capital DTLs		%
Other:		
Statutory valuation allowance adjustment	(29,405)	(17.3)%
Accrual adjustment – prior year		%
Other	(3,078)	(0.9)%
Totals	\$ 3,370	%
Federal and foreign income taxes incurred	(459)	%
Realized capital gains (losses) tax		%
Change in net deferred income taxes	3,829	%
Total statutory income taxes	\$ 3,370	%

E. Operating Loss Carry Forwards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:

Description (Operating Loss or Tax Credit Carry Forward)	Amounts	Origination Dates	Expiration Dates
Operating Loss	\$	December 31, 2003	December 31, 2022
Operating Loss	\$396,475	December 31, 2004	December 31, 2023
Operating Loss	\$52,878	December 31, 2006	December 31, 2025
Operating Loss	\$49,687	December 31, 2008	December 31, 2027
Operating Loss	\$127,479	December 31, 2009	December 31, 2028
Operating Loss	\$15,466	December 31, 2010	December 31, 2029
Operating Loss	\$110,541	December 31, 2011	December 31, 2030
Operating Loss	\$12,433	December 31, 2012	December 31, 2031
Operating Loss	\$9,555	December 31, 2016	December 31, 2035
Operating Loss	\$58,060	December 31, 2017	December 31, 2036

2. The following is income tax expense for current year and proceeding years that is available for recoupment in the event of future net losses:

Year	Amounts
	\$

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code

F. Consolidated Federal Income Tax Return

1. The Company's federal income tax return is consolidated with the following entities:
The Company does not file a consolidated tax return.

2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:
The Company does not file a consolidated tax return.

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.

H. Repatriation Transition Tax (RTT) - RTT owed under the TCJA

1a Has the entity fully remitted the RTT? NO

1b If yes, list the amount of the RTT paid.

If no, list the future installments to satisfy the RTT:

1	Installment 1	\$304
2	Installment 2	304
3	Installment 3	304
4	Installment 4	304
5	Installment 5	304
6	Installment 6	304
7	Installment 7	304
8	Installment 8	304
9	Total	\$2,432

I. Alternative Minimum Tax Credit

Was the AMT Credit recognized as a current year recoverable or Deferred Tax Asset (DTA)? DTA
Gross AMT Credit Recognized as:

1a Current year recoverable	\$
1b Deferred tax asset (DTA)	
2 Beginning Balance of AMT Credit Carryforward	
3 Amounts Recovered	
4 Adjustments	
5 Ending Balance of AMT Credit Carryforward (5=2-3-4)	
6 Reduction for Sequestration	
7 Nonadmitted by Reporting Entity	
8 Reporting Entity Ending Balance (8=5-6-7)	\$

NOTES TO FINANCIAL STATEMENTS**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

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

B. Transactions
Not applicable

C. Dollar Amounts of Transactions
Not applicable

D. Amounts Due From or To Related Parties
At December 31, 2019, the Company reported \$118,766 net due to Buckeye State Mutual Insurance Company. Intercompany balances are settled within 90 days.

E. Guarantees or Undertakings
Not applicable

F. Material Management or Service Contracts and Cost-Sharing Arrangements
The Company pays Buckeye State Mutual Insurance Company \$22,800 per year in accordance with the terms of a management agreement.

G. Nature of the Control Relationship
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 from the Value of Upstream Intermediate Entity or Ultimate Parent Owned
Not applicable

I. Investments in SCA that Exceed 10% of Admitted Assets
Not applicable

J. Investments in Impaired SCAs
Not applicable

K. Investment in Foreign Insurance Subsidiary
Not applicable

L. Investment in Downstream Noninsurance Holding Company
Not applicable

M. All SCA Investments
Not applicable

N. Investment in Insurance SCAs
Not applicable

O. SCA or SSAP 48 Entity Loss Tracking

SCA Entity	Reporting Entity's Share of Net Income (Loss)	Accumulated Share of Net Income (Losses)	Reporting Entity's Share of Equity, Including Negative Equity	Guaranteed Obligation / Commitment for Financial Support (Yes/No)	Reported Value
	\$	\$	\$		\$

Note 11 – Debt

Not applicable

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

Not applicable

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

(1) Number of Share and Par or State Value of Each Class
The Company has 10,000 shares authorized, 6,000 issued, and 6,000 outstanding.

(2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues
Not applicable

(3) Dividend Restrictions
Prior approval from the Ohio Insurance Department is required before dividends are paid.

(4) Dates and Amounts of Dividends Paid
Not applicable

(5) Profits that may be Paid as Ordinary Dividends to Stockholders

NOTES TO FINANCIAL STATEMENTS

Not applicable

(6) Restrictions Placed on Unassigned Funds (Surplus)
Not applicable

(7) Amount of Advances to Surplus not Repaid
Not applicable

(8) Amount of Stock Held for Special Purposes
Not applicable

(9) Reasons for Changes in Balance of Special Surplus Funds from Prior Period
Not applicable

(10) The Portion of Unassigned Funds (Surplus) Represented or Reduced by Unrealized Gains and Losses is: \$0.

(11) The Reporting Entity Issued the Following Surplus Debentures or Similar Obligations
Not applicable

(12) The impact of any restatement due to prior quasi-reorganizations is as follows
Not applicable

(13) Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
Not applicable

Note 14 – Liabilities, Contingencies and Assessments

A. Contingent Commitments
Not applicable

B. Assessments

(1) Nature of Any Assets That Could Have a Material Financial Effect
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

The Company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits:

	Direct
Claims related ECO and bad faith losses paid during the reporting period	\$

Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period:

(a) 0-25 Claims	(b) 26-50 Claims	(c) 51-100 Claims	(d) 101-500 Claims	(e) More than 500 Claims
X				

Indicate whether claim count information is disclosed per claim or per claimant:
(f) Per Claim [] (g) Per Claimant []

Not applicable

Not applicable

E. Product Warranties
Not applicable

F. Joint and Several Liabilities
Not applicable

G. All Other Contingencies
Not applicable

Note 15 – Leases

Not applicable

NOTES TO FINANCIAL STATEMENTS**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 applicable

C. Wash Sales

(1) Description of the Objectives Regarding These Transactions

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 details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2019 and reacquired within 30 days of the sale date are:

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 Uninsured Portion of Partially Insured Plans

Not applicable

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

Not applicable

Note 20 – Fair Value Measurements

Not applicable

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

H. The Amount that Could be Realized on Life Insurance Where the Reporting Entity is Owner and Beneficiary or has Otherwise Obtained Rights to Control the Policy
Not applicable

Note 22 – Events Subsequent

There were no events occurring subsequent to December 31, 2019 meriting disclosure.

Subsequent events have been considered through for these statutory financial statements which are to be issued on .

A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the Federal Affordable Care Act (YES/NO)?

Yes [] No [X]

	2019	2018
B. ACA Fee Assessment Payable for the Upcoming Year	\$	\$
C. ACA Fee Assessment Paid	\$	\$
D. Premium Written Subject to ACA 9010 Assessment	\$	\$
E. Total Adjusted Capital Before Surplus Adjustment (Five-Year Historical Line 28)	\$ 7,076,668	
F. Total Adjusted Capital After Surplus Adjustment (Five-Year Historical Line 28 minus 22B above)	\$ 7,076,668	
G. Authorized Control Level (Five-Year Historical Line 29)	\$ 159,392	
H. Would reporting the ACA assessment as of December 31, 2019 have triggered an RBC action level (YES/NO)?		Yes [] No []

NOTES TO FINANCIAL STATEMENTS**Note 23 – Reinsurance****A. Unsecured Reinsurance Recoverables**

	NAIC Group Code	FEIN	Unsecured Recoverables
Buckeye State Mutual Insurance Company	16713	31-6035649	\$ 77,000

B. Reinsurance Recoverable in Dispute

The Company does not have any reinsurance recoverables in dispute.

Name of Reinsurer	Total Amount in Dispute (Including IBNR)	Notification	Arbitration	Litigation
	\$	\$	\$	\$

C. Reinsurance Assumed and Ceded**(1) Maximum Amount of Return Commission**

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 801,245	\$	\$	\$	\$ 801,245	\$
b. All Other						
c. Total	\$ 801,245	\$	\$	\$	\$ 801,245	\$
d. Direct Unearned Premium Reserves						\$

(2) Additional or Return Commission

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

(3) Types of Risks Attributed to Protected Cell

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

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

(1) Reporting Entity Ceding to Certified Reinsurer Whose Rating was Downgraded or Status Subject to Revocation
Not applicable

NOTES TO FINANCIAL STATEMENTS

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation
Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. Method Used by Reporting Entity to Estimate Accrued Retrospective Premium Adjustments
Not applicable

B. Accrued Retrospective Premiums Recorded Through Written Premium or an Adjustment to Earned Premium
Not applicable

C. Amount of Net Premiums Written Subject to Retrospective Rating Features and Percentage to Total Net Premiums Written
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 that is subject to the Affordable Care Act risk sharing provisions

Yes [] No [X]

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2018 were \$487,000. As of December 31, 2019, \$240,000 has been paid for incurred losses and loss adjusting expense attributable to insured events of prior years. Reserves remaining for prior years are now \$127,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the auto liability and homeowners lines of insurance. Therefore, there has been a \$120,000 favorable prior year development since December 31, 2018 to December 31, 2019. The increase 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.

B. Information about Significant Changes in Methodologies and Assumptions

No changes in methodology.

Note 26 – Intercompany Pooling Arrangements

A. Identification of the Lead Entity and all Affiliated Entities Participating in the Intercompany Pool

Lead Entity and all Affiliated Entities	NAIC Company Code	Pooling Percentage
Buckeye State Mutual Insurance Company	16713	95.0%
Home and Farm Insurance Company	17639	5.0%

B. Description of Lines and Types of Business Subject to the Pooling Agreement
All lines of business

C. Description of Cessions to Non-Affiliated Reinsurance Subject to Pooling Agreement
Cessions to non-affiliated reinsurers are done prior to the pooling agreement cessions.

D. Identification of all Pool Members that are Parties to Reinsurance Agreements with Non-Affiliated Reinsurers
Buckeye and Home and Farm are in reinsurance agreements with non-affiliated reinsurers.

E. Explanation of Discrepancies Between Entries of Pooled Business
Not applicable

F. Description of Intercompany Sharing
The sharing is stated in A above (95% / 5%).

G. Amounts Due To/From Lead Entity and all Affiliated Entities Participating in the Intercompany Pool
\$118,765 is due to the lead entity.

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

1. Liability carried for premium deficiency reserve:	<u>\$0</u>
2. Date of most recent evaluation of this liability:	<u>December 31, 2019</u>
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

Not applicable

Note 33 – Asbestos/Environmental Reserves

A. Does the company have on the books, or has it ever written an insured for which you have identified a potential for the existence of a liability due to asbestos losses?

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 []
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

1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes [] No [X]

1.5 If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

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. 12/31/2015

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). 05/29/2017

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 [X] N/A [X]

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

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]
If the answer is YES, complete and file the merger history data file with the NAIC.

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? Crowe LLP, 155 West Nationwide Blvd, Suite 500, Columbus, OH 43215

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:

HOME AND FARM INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

10.5	Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>]								
10.6	If the response to 10.5 is no or n/a, please explain:											
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>Stephen J. Streff, ACAS, MAAA, Streff Insurance Services, 207 East Avenue, Red Wing, MN 55066</u>											
12.1	Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]									
	12.11 Name of real estate holding company											
	12.12 Number of parcels involved	0										
	12.13 Total book/adjusted carrying value	\$ 0										
12.2	If yes, provide explanation											
13.	FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:											
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?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]									
13.3	Have there been any changes made to any of the trust indentures during the year?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]									
13.4	If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?	Yes [<input type="checkbox"/>]	No [<input type="checkbox"/>]	N/A [<input type="checkbox"/>]								
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?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]									
	(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?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]									
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?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]									
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?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]									
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 style="text-align: right;">\$</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									
			\$									
BOARD OF DIRECTORS												
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?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]									
17.	Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]									
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?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]									
FINANCIAL												
19.	Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]									
20.1	Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):											
	20.11 To directors or other officers	\$ 0										
	20.12 To stockholders not officers	\$ 0										
	20.13 Trustees, supreme or grand (Fraternal only)	\$ 0										
20.2	Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):											
	20.21 To directors or other officers	\$ 0										
	20.22 To stockholders not officers	\$ 0										
	20.23 Trustees, supreme or grand (Fraternal only)	\$ 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 reported in the statement?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]									
21.2	If yes, state the amount thereof at December 31 of the current year:											
	21.21 Rented from others	\$ 0										
	21.22 Borrowed from others	\$ 0										
	21.23 Leased from others	\$ 0										
	21.24 Other	\$ 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?	Yes [<input type="checkbox"/>]	No [<input checked="" type="checkbox"/>]									
22.2	If answer is yes:											
	22.21 Amount paid as losses or risk adjustment	\$ 0										
	22.22 Amount paid as expenses	\$ 0										
	22.23 Other amounts paid	\$ 0										
23.1	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?	Yes [<input checked="" type="checkbox"/>]	No [<input type="checkbox"/>]									

HOME AND FARM INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

23.2	If yes, indicate any amounts receivable from parent included in the Page 2 amount:	\$ <u>20,190</u>						
INVESTMENT								
24.01	Were all the 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 checked="" type="checkbox"/> No <input 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:	\$ <u>0</u>						
24.06	If answer to 24.04 is no, report amount of collateral for other programs	\$ <u>0</u>						
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:	\$ <u>0</u>						
24.102	Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:	\$ <u>0</u>						
24.103	Total payable for securities lending reported on the liability page:	\$ <u>0</u>						
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 checked="" 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	\$ <u>0</u>						
25.22	Subject to reverse repurchase agreements	\$ <u>0</u>						
25.23	Subject to dollar repurchase agreements	\$ <u>0</u>						
25.24	Subject to reverse dollar repurchase agreements	\$ <u>0</u>						
25.25	Placed under option agreements	\$ <u>0</u>						
25.26	Letter stock or securities restricted as sale – excluding FHLB Capital Stock	\$ <u>0</u>						
25.27	FHLB Capital Stock	\$ <u>0</u>						
25.28	On deposit with states	\$ <u>100,245</u>						
25.29	On deposit with other regulatory bodies	\$ <u>0</u>						
25.30	Pledged as collateral – excluding collateral pledged to an FHLB	\$ <u>0</u>						
25.31	Pledged as collateral to FHLB – including assets backing funding agreements	\$ <u>0</u>						
25.32	Other	\$ <u>0</u>						
25.3	For category (25.26) provide the following:							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33.33%;">1 Nature of Restriction</th> <th style="width: 33.33%;">2 Description</th> <th style="width: 33.33%;">3 Amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	1 Nature of Restriction	2 Description	3 Amount			\$	
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"/>						
Lines 26.3 through 26.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:								
26.3	Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a results of interest rate sensitivity?	Yes <input type="checkbox"/> No <input type="checkbox"/>						
26.4	If the response to 26.3 is yes, does the reporting entity utilize:							
26.41	Special accounting provision of SSAP No. 108	Yes <input type="checkbox"/> No <input type="checkbox"/>						
26.42	Permitted accounting practice	Yes <input type="checkbox"/> No <input type="checkbox"/>						
26.43	Other accounting guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>						
26.5	By responding yes to 26.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following:	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	<ul style="list-style-type: none"> • The reporting entity has obtained explicit approval from the domiciliary state. • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guidance Conditional Tail Expectation Amount. • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts. 							
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:	\$ <u>0</u>						
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 agreements that comply with the requirements of the NAIC <i>Financial Condition Examiners Handbook</i> , complete the following:							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">1 Name of Custodian(s)</th> <th style="width: 50%;">2 Custodian's Address</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">US Bank</td> <td style="text-align: center;">425 Walnut Street, Cincinnati, OH 45202</td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address	US Bank	425 Walnut Street, Cincinnati, OH 45202			
1 Name of Custodian(s)	2 Custodian's Address							
US Bank	425 Walnut Street, Cincinnati, OH 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							

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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 [] No [X]

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 Advisors, Inc.	U

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 invested 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 invested 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 Advisors, Inc.	2549001RCVK00T5TXG16	SEC	NO

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
		\$
29.2999 TOTAL		\$

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
		\$	

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	\$ 6,472,335	\$ 6,603,952	\$ 131,617
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 6,472,335	\$ 6,603,952	\$ 131,617

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

Pricing sources include IDC, Bloomberg-Barclays, 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 [X] No []

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:

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:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [] No [X]

35. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

- The shares were purchased prior to January 1, 2019.

HOME AND FARM INSURANCE COMPANY

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

- b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
- d. The fund only or predominantly holds bonds in its portfolio.
- e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
- f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria?

Yes [] No [X]

OTHER

36.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ _____ 0

36.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	\$

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

37.2 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
	\$

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

38.2 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
2.2	Premium Denominator	\$	1,571,695
2.3	Premium Ratio (2.1/2.2)		0.0%
2.4	Reserve Numerator	\$	0
2.5	Reserve Denominator	\$	1,402,023
2.6	Reserve Ratio (2.4/2.5)		0.0%
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>	Yes []	No []
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 Willis Re.</u>	Yes [X]	No []
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>	Yes []	No []
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.	0
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?	
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:	Yes [] No [X]
	(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 37 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	\$ _____ 0
12.12	Unpaid underwriting expenses (including loss adjustment expenses)	\$ _____ 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?	\$ _____ 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	% _____
12.42	To	% _____
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	\$ _____ 0
12.62	Collateral and other funds	\$ _____ 0
13.1	Largest net aggregate amount insured in any one risk (excluding workers' compensation):	\$ _____ 150,000
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 facilities or facultative obligatory contracts) considered in the calculation of the amount.	9

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

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 is exempt from the statutory provision for unauthorized reinsurance? Yes [] No [X]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from the statutory provision for unauthorized reinsurance. Provide the following information for this exemption:

17.11 Gross amount of unauthorized reinsurance in Schedule F-Part 3 exempt from the statutory provision for unauthorized reinsurance	\$ 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

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

19. Is the reporting entity licensed or charted, registered, qualified, eligible, or writing business in at least 2 states? Yes [X] No []

19.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [] No []

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 2019	2 2018	3 2017	4 2016	5 2015
Gross Premiums Written (Page 8, Part 1B, Cols. 1, 2 & 3)					
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).....	387,884	486,549	900,131	1,013,053	918,321
2. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	417,929	412,985	536,254	587,166	521,529
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	775,033	730,387	940,133	1,049,351	934,013
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).....	1,580,846	1,629,921	2,376,518	2,649,570	2,373,863
Net Premiums Written (Page 8, Part 1B, Col. 6)					
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).....	388,199	396,358	514,625	522,602	467,128
8. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	417,929	412,985	536,254	587,166	521,529
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	775,033	730,387	940,133	1,049,351	934,013
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).....	1,581,161	1,539,730	1,991,012	2,159,119	1,922,670
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8).....	16,867	(66,808)	(184,034)	(140,533)	66,074
14. Net investment gain (loss) (Line 11).....	159,300	136,419	127,987	159,378	116,856
15. Total other income (Line 15).....			25,000		
16. Dividends to policyholders (Line 17).....					
17. Federal and foreign income taxes incurred (Line 19).....		(459)		777	19,437
18. Net income (Line 20).....	176,626	69,611	(31,047)	18,068	163,493
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3).....	9,105,798	9,102,008	9,352,897	9,745,813	9,625,350
20. Premiums and considerations (Page 2, Col. 3):					
20.1 In course of collection (Line 15.1).....	361,943	358,250	376,101	498,195	468,405
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).....	2,029,130	2,199,395	2,528,207	2,799,417	2,686,596
22. Losses (Page 3, Line 1).....	328,159	420,312	447,549	430,338	466,831
23. Loss adjustment expenses (Page 3, Line 3).....	51,196	66,645	72,832	67,459	74,425
24. Unearned premiums (Page 3, Line 9).....	801,246	791,780	896,918	1,011,382	943,574
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).....	7,076,668	6,902,613	6,824,690	6,946,395	6,938,754
Cash Flow (Page 5)					
27. Net cash from operations (Line 11).....	(19,126)	(189,364)	(129,972)	119,640	97,811
Risk-Based Capital Analysis					
28. Total adjusted capital.....	7,076,668	6,902,613	6,824,690	6,946,395	6,938,754
29. Authorized control level risk-based capital.....	159,392	155,875	198,777	231,325	198,369
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Col. 3) (Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1).....	98.5	95.5	95.1	94.4	88.7
31. Stocks (Lines 2.1 & 2.2).....				1.3	1.2
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).....	1.5	4.5	4.9	4.3	10.1
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
Investments in Parent, Subsidiaries and Affiliates					
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
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	0	0	0	5,288
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				0.1

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

	1 2019	2 2018	3 2017	4 2016	5 2015
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24).....			6,341	5,666	(5,694)
52. Dividends to stockholders (Line 35).....					
53. Change in surplus as regards policyholders for the year (Line 38).....	174,055	77,923	(121,706)	7,639	227,705
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
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).....	325,519	330,739	422,358	390,254	332,164
55. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	283,615	290,899	390,676	377,365	338,706
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	472,505	523,426	707,337	674,636	485,272
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).....	1,081,639	1,145,064	1,520,371	1,442,255	1,156,142
Net Losses Paid (Page 9, Part 2, Col. 4)					
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).....	278,141	314,346	393,789	314,873	299,502
61. Property lines (Lines 1, 2, 9, 12, 21 & 26).....	283,615	290,899	390,676	377,365	338,706
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27).....	472,505	523,426	707,337	674,636	485,272
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).....	1,034,261	1,128,671	1,491,802	1,366,874	1,123,480
Operating Percentages (Page 4) (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).....	59.9	67.0	71.7	63.6	56.5
68. Loss expenses incurred (Line 3).....	5.1	5.6	5.4	6.7	6.5
69. Other underwriting expenses incurred (Line 4).....	33.9	31.5	31.6	36.4	33.7
70. Net underwriting gain (loss) (Line 8).....	1.1	(4.1)	(8.7)	(6.7)	3.3
Other Percentages					
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).....	33.7	33.6	32.2	35.3	34.6
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0).....	65.0	72.6	77.1	70.3	63.0
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).....	22.3	22.3	29.2	31.1	27.7
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11).....	(105)	47	107	(31)	(28)
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).....	(1.5)	0.7	1.5	(0.4)	(0.4)
Two Year Loss Development (\$000 omitted)					
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).....	(18)	104	(14)	(84)	(103)
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).....	(0.3)	1.5	(0.2)	(1.2)	(1.5)

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.....					.2			2	XXX.....	
2. 2010.....	3,497	1,281	2,216	2,465	949	55	.23	148	.13	.83	1,683	XXX.....	
3. 2011.....	3,456	1,279	2,177	3,499	1,895	45	.17	171	.30	.74	1,773	XXX.....	
4. 2012.....	3,039	1,016	2,023	2,129	.818	.43	.9	147	.20	.56	1,472	XXX.....	
5. 2013.....	3,003	.599	2,404	1,655	.175	.29	.7	121		.62	1,623	XXX.....	
6. 2014.....	3,039	1,010	2,029	2,041	.736	.25	.5	129	.14	.62	1,440	XXX.....	
7. 2015.....	2,904	.927	1,977	1,688	.503	.33	.7	108	.12	.76	1,307	XXX.....	
8. 2016.....	2,782	.691	2,091	1,776	.368	.30	.8	113	.2	.59	1,541	XXX.....	
9. 2017.....	2,553	.449	2,104	1,731	.334	.20	.5	.91	.2	.55	1,501	XXX.....	
10. 2018.....	2,037	.393	1,644	1,002	.31	.3		.67		.37	1,041	XXX.....	
11. 2019.....	1,946	.376	1,570	.955	.133	.2	.1	.67	.1	.21	.889	XXX.....	
12. Totals.....	XXX.....	XXX.....	XXX.....	18,941	5,942	.285	.82	1,164	.94	.585	14,272	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	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1. Prior.....												0	XXX.....
2. 2010.....												0	XXX.....
3. 2011.....												0	XXX.....
4. 2012.....												0	XXX.....
5. 2013.....	2											2	XXX.....
6. 2014.....												0	XXX.....
7. 2015.....	.3	.1			1							.3	XXX.....
8. 2016.....	.15	.3			4				.1		2	17	XXX.....
9. 2017.....	.23	.4	.24	.7	4		2		.2		7	44	XXX.....
10. 2018.....	.43	.18	.45	.11	1		.5	1	1		11	65	XXX.....
11. 2019.....	.135	.31	.160	.46	1		.35	.14	.9		32	.249	XXX.....
12. Totals.....	.221	.57	.229	.64	.11	.0	.42	.15	.13	.0	.52	.380	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. 2010.....	2,668	985	1,683	76.3	76.9	75.9				0	0
3. 2011.....	3,715	1,942	1,773	107.5	151.8	81.4				0	0
4. 2012.....	2,319	847	1,472	76.3	83.4	72.8				0	0
5. 2013.....	1,807	182	1,625	60.2	30.4	67.6				2	0
6. 2014.....	2,195	755	1,440	72.2	74.8	71.0				0	0
7. 2015.....	1,833	523	1,310	63.1	56.4	66.3				2	1
8. 2016.....	1,939	381	1,558	69.7	55.1	74.5				12	5
9. 2017.....	1,897	352	1,545	74.3	78.4	73.4				36	8
10. 2018.....	1,167	61	1,106	57.3	15.5	67.3				59	6
11. 2019.....	1,364	226	1,138	70.1	60.1	72.5				218	.31
12. Totals.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.0	.0	XXX.....	.329	.51

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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019	11 One Year	12 Two Year
1. Prior....	282	202	179	167	172	174	174	174	174	175	1	1
2. 2010....	1,632	1,609	1,569	1,543	1,543	1,547	1,548	1,548	1,548	1,548	0	0
3. 2011....	XXX....	1,686	1,665	1,655	1,628	1,640	1,633	1,633	1,632	1,632	0	(1)
4. 2012....	XXX....	XXX....	1,406	1,379	1,342	1,330	1,334	1,345	1,345	1,345	0	0
5. 2013....	XXX....	XXX....	XXX....	1,576	1,567	1,525	1,503	1,506	1,504	1,504	0	(2)
6. 2014....	XXX....	XXX....	XXX....	XXX....	1,350	1,357	1,326	1,321	1,327	1,325	(2)	4
7. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	1,189	1,213	1,221	1,215	1,214	(1)	(7)
8. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,395	1,485	1,485	1,446	(39)	(39)
9. 2017....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,428	1,478	1,454	(24)	26
10. 2018....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,078	1,038	(40)	XXX....
11. 2019....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,063	XXX....	XXX....
											12. Totals....	(105)
												(18)

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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019		
1. Prior....	000....	107	147	155	163	174	174	174	175	175	XXX....	XXX....
2. 2010....	1,164	1,393	1,478	1,517	1,543	1,547	1,548	1,548	1,548	1,548	XXX....	XXX....
3. 2011....	XXX....	1,254	1,499	1,573	1,605	1,620	1,625	1,626	1,632	1,632	XXX....	XXX....
4. 2012....	XXX....	XXX....	995	1,214	1,285	1,319	1,329	1,345	1,345	1,345	XXX....	XXX....
5. 2013....	XXX....	XXX....	XXX....	1,180	1,434	1,474	1,493	1,506	1,502	1,502	XXX....	XXX....
6. 2014....	XXX....	XXX....	XXX....	XXX....	1,062	1,229	1,289	1,307	1,323	1,325	XXX....	XXX....
7. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	889	1,084	1,168	1,205	1,211	XXX....	XXX....
8. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,111	1,354	1,403	1,430	XXX....	XXX....
9. 2017....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	1,138	1,340	1,412	XXX....	XXX....
10. 2018....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	850	974	XXX....	XXX....
11. 2019....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	823	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 2010	2 2011	3 2012	4 2013	5 2014	6 2015	7 2016	8 2017	9 2018	10 2019
1. Prior....	132	27	.....	.....	.....	.....	.....	.....	.....	.....
2. 2010....	227	93	24	.....	.....	.....	.....	.....	.....	.....
3. 2011....	XXX....	212	71	24	.....	.....	.....	.....	.....	.....
4. 2012....	XXX....	XXX....	196	74	26	.....	.....	.....	.....	.....
5. 2013....	XXX....	XXX....	XXX....	192	82	27	.....	.....	.....	.....
6. 2014....	XXX....	XXX....	XXX....	XXX....	144	60	16	.....	.....	.....
7. 2015....	XXX....	XXX....	XXX....	XXX....	XXX....	143	54	17	.....	.....
8. 2016....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	132	60	21	.....
9. 2017....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	153	62	19
10. 2018....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	135	38
11. 2019....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	XXX....	135

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

Allocated by States and Territories

States, Etc.	1 Active Status (a)	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.....	(315)	10,768		.47,378	(489,344)	300,000	
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
59. Totals.....		XXX.....	(315)	10,768	0	.47,378	(489,344)	300,000	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) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2

E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI)..... 0

D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile..... 0

(b) Explanation of Basis of Allocation of Premiums by States, etc.

Premium is spread based on location of risk.

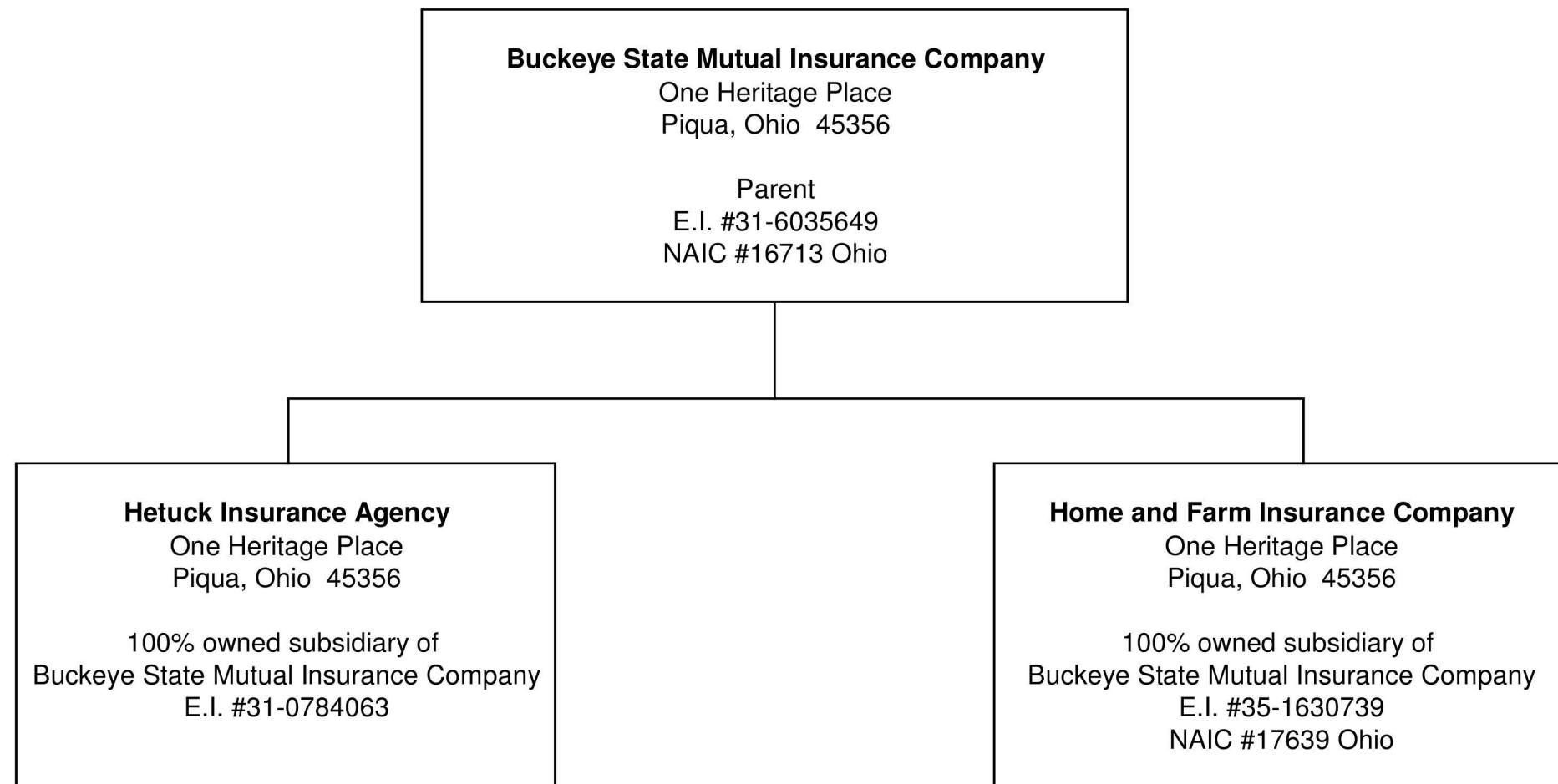
R - Registered - Non-domiciled RRGs..... 0

Q - Qualified - Qualified or accredited reinsurer..... 0

N - None of the above - Not allowed to write business in the state..... 55

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

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