



QUARTERLY STATEMENT

As of March 31, 2020
of the Condition and Affairs of the

HOME AND FARM INSURANCE COMPANY

NAIC Group Code.....46, 46 (Current Period) (Prior Period)	NAIC Company Code..... 17639	Employer's ID Number..... 35-1630739
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... January 29, 1985	Commenced Business..... March 5, 1985	
Statutory Home Office	One Heritage Place .. Piqua .. OH .. US .. 45356 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	One Heritage Place .. Piqua .. OH .. US .. 45356 (Street and Number) (City or Town, State, Country and Zip Code)	937-778-5000 (Area Code) (Telephone Number)
Mail Address	One Heritage Place .. Piqua .. OH .. US .. 45356 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	One Heritage Place .. Piqua .. OH .. US .. 45356 (Street and Number) (City or Town, State, Country and Zip Code)	937-778-5000 (Area Code) (Telephone Number)
Internet Web Site Address	N/A	
Statutory Statement Contact	Craig Allen Curcio (Name) craig.curcio@buckeye-ins.com (E-Mail Address)	937-778-5000 (Area Code) (Telephone Number) (Extension) 937-778-5019 (Fax Number)

OFFICERS

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

OTHER

DIRECTORS OR TRUSTEES

John M. Brooks William L. Sweet Jr. James D. Rogers

State of..... Ohio
County of..... Miami

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

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

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

HOME AND FARM INSURANCE COMPANY
ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	5,955,947		5,955,947	6,472,335
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate:				
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 (\$....80,285), cash equivalents (\$....600,882) and short-term investments (\$.....0).....	681,167		681,167	97,080
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives.....			0	
8. Other invested assets.....	0		0	0
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets.....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	6,637,114	0	6,637,114	6,569,415
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	35,328		35,328	42,672
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	430,088		430,088	361,943
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.....	4,066		4,066	45,718
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.....	24,112		24,112	28,796
18.2 Net deferred tax asset.....	79,481	42,626	36,855	37,064
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.....	5,879		5,879	20,190
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 through 25).....	9,216,068	42,626	9,173,442	9,105,798
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. Total (Lines 26 and 27).....	9,216,068	42,626	9,173,442	9,105,798

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 thru 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 thru 2503 plus 2598) (Line 25 above).....	0	0	0	0

HOME AND FARM INSURANCE COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Statement Date	2 December 31 Prior Year
1.	Losses (current accident year \$.....50,295).....	.....313,560	.....328,159
2.	Reinsurance payable on paid losses and loss adjustment expenses.....	.....202,236	.....221,422
3.	Loss adjustment expenses.....	.....47,880	.....51,196
4.	Commissions payable, contingent commissions and other similar charges.....	.....34,080	.....40,370
5.	Other expenses (excluding taxes, licenses and fees).....	.....103,896	.....134,946
6.	Taxes, licenses and fees (excluding federal and foreign income taxes).....	.....17,050	.....12,835
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 (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).....	.....826,137	.....801,246
10.	Advance premium.....		
11.	Dividends declared and unpaid:		
	11.1 Stockholders.....		
	11.2 Policyholders.....		
12.	Ceded reinsurance premiums payable (net of ceding commissions).....		
13.	Funds held by company under reinsurance treaties.....	.....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).....		
17.	Net adjustments in assets and liabilities due to foreign exchange rates.....		
18.	Drafts outstanding.....		
19.	Payable to parent, subsidiaries and affiliates.....	.....172,362	.....138,956
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).....	.....2,017,201	.....2,029,130
27.	Protected cell liabilities.....		
28.	Total liabilities (Lines 26 and 27).....	.....2,017,201	.....2,029,130
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).....	.....(1,298,222)	.....(1,377,795)
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).....	.....7,156,241	.....7,076,668
38.	Totals (Page 2, Line 28, Col. 3).....	.....9,173,442	.....9,105,798

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 thru 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 thru 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 thru 3203 plus 3298) (Line 32 above).....	.....0	.....0

HOME AND FARM INSURANCE COMPANY
STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct..... (written \$.....0).....		10,768	10,768
1.2 Assumed..... (written \$....430,088).....	405,196	385,579	1,571,697
1.3 Ceded..... (written \$.....0).....		10,768	10,768
1.4 Net..... (written \$....430,088).....	405,196	385,579	1,571,697
DEDUCTIONS:			
2. Losses incurred (current accident year \$....50,295):			
2.1 Direct.....		(138,818)	(489,344)
2.2 Assumed.....	164,748	191,707	942,110
2.3 Ceded.....		(138,818)	(489,344)
2.4 Net.....	164,748	191,707	942,110
3. Loss adjustment expenses incurred.....	19,570	12,986	79,454
4. Other underwriting expenses incurred.....	139,236	138,919	533,267
5. Aggregate write-ins for underwriting deductions.....	0	0	0
6. Total underwriting deductions (Lines 2 through 5).....	323,554	343,612	1,554,831
7. Net income of protected cells.....			
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....	81,642	41,966	16,866
INVESTMENT INCOME			
9. Net investment income earned.....	38,708	35,665	151,040
10. Net realized capital gains (losses) less capital gains tax of \$.....0.....	(2,104)	229	8,260
11. Net investment gain (loss) (Lines 9 + 10).....	36,604	35,894	159,300
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$.....0 amount charged off \$.....0).....	0		
13. Finance and service charges not included in premiums.....			
14. Aggregate write-ins for miscellaneous income.....	0	0	0
15. Total other income (Lines 12 through 14).....	0	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).....	118,246	77,860	176,166
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).....	118,246	77,860	176,166
19. Federal and foreign income taxes incurred.....	4,684		(459)
20. Net income (Line 18 minus Line 19) (to Line 22).....	113,562	77,860	176,625
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year.....	7,076,667	6,902,613	6,902,613
22. Net income (from Line 20).....	113,562	77,860	176,625
23. Net transfers (to) from Protected Cell accounts.....			
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$....(7,094).....	(26,687)		
25. Change in net unrealized foreign exchange capital gain (loss).....			
26. Change in net deferred income tax.....	621	(1,023)	(3,827)
27. Change in nonadmitted assets.....	(7,923)	280	1,256
28. Change in provision for reinsurance.....			
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.....			
37. Aggregate write-ins for gains and losses in surplus.....	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37).....	79,573	77,117	174,054
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....	7,156,240	6,979,730	7,076,667

DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page.....	0	0	0
3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....	0	0	0

HOME AND FARM INSURANCE COMPANY
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	361,942	358,190	1,560,541
2. Net investment income.....	52,746	46,838	175,298
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	414,688	405,028	1,735,839
5. Benefit and loss related payments.....	156,880	236,029	1,114,436
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	195,247	179,855	640,529
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).....	352,127	415,884	1,754,965
11. Net cash from operations (Line 4 minus Line 10).....	62,561	(10,857)	(19,126)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	525,956	423,245	1,614,590
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).....	525,956	423,245	1,614,590
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	52,146	499,270	1,804,092
13.2 Stocks.....			
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).....	52,146	499,270	1,804,092
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	473,810	(76,025)	(189,502)
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).....	47,717	41,610	11,195
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	47,717	41,610	11,195
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	584,088	(45,272)	(197,433)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	97,080	294,513	294,513
19.2 End of period (Line 18 plus Line 19.1).....	681,167	249,241	97,080

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

20.0001			
---------	--	--	--

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 #	Current Year to Date	2019
NET INCOME					
(1) The Company state basis (Page 4, Line 20, Columns 1 & 3)	XXX	XXX	XXX	\$ 113,562	\$ 176,626
(2) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(3) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 113,562	\$ 176,626
SURPLUS					
(5) The Company state basis (Page 3, line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,156,241	\$ 7,076,668
(6) State Prescribed Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(7) State Permitted Practice that are an increase/(decrease) from NAIC SAP				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 7,156,241	\$ 7,076,668

- C. Accounting Policy
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method
- 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.
- (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.
- D. Going Concern
- Not applicable

Note 2 – Accounting Changes and Corrections of Errors

No significant changes

Note 3 – Business Combinations and Goodwill

No significant changes

Note 4 – Discontinued Operations

No significant changes

Note 5 – Investments

- 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) Securities with Recognized Other-Than-Temporary Impairment

	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
(2)			
OTTI Recognized 1 st 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 2 nd 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 3 rd Quarter			

NOTES TO FINANCIAL STATEMENTS

(2)	1 Amortized Cost Basis Before Other-than-Temporary Impairment	2 Other-than-Temporary Impairment Recognized in Loss	3 Fair Value 1 – 2
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 3rd 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 amortized cost basis			
l. 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	\$ (149)
	2. 12 Months or Longer	\$ (189)
b. The aggregate related fair value of securities with unrealized losses:	1. Less than 12 Months	\$ 29,850
	2. 12 Months or Longer	\$ 38,591

(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

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
- M. Working Capital Finance Investments

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

Not applicable

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

No significant changes

Note 7 – Investment Income

No significant changes

NOTES TO FINANCIAL STATEMENTS

Note 8 – Derivative Instruments

No significant changes

Note 9 – Income Taxes

No significant changes

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

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

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

No significant changes

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

No significant changes

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

(2) Servicing Assets and Servicing Liabilities
Not applicable

(4) Securitizations, Asset-Based Financing Arrangements and Similar Transfers Accounted for as Sales
(a)
Not applicable

(b)
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 current period 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.

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)
			\$	\$	\$

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

No significant changes

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

No significant changes

NOTES TO FINANCIAL STATEMENTS

Note 20 – Fair Value Measurements

- A. Fair Value Measurements
- (1) Fair Value Measurements at Reporting Date

Description for Each Type of Asset or Liability	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Total
Assets at Fair Value					
Bonds I&M	\$ 41,231	\$	\$	\$	\$ 41,231
Total	\$ 41,231	\$	\$	\$	\$ 41,231
Liabilities at Fair Value					
	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$

- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Description	Beginning Balance	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settle-ments	Ending Balance as of Current Period
a. Assets										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Liabilities										
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

- (3) Policies when Transfers Between Levels are Recognized
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement
- (5) Fair Value Disclosures for Derivative Assets and Liabilities

- B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements

- C. Fair Value Level

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
	\$	\$	\$	\$	\$	\$	\$

- D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
	\$			

- E. NAV Practical Expedient Investments

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

Subsequent events have been considered through May 7, 2020 for these statutory financial statements which are to be issued on May 7, 2020. The Company continues to closely monitor the impact of the COVID-19 pandemic. The extent to which the coronavirus may impact business activity or investment results will depend on future developments, which are highly uncertain and cannot be predicted, including new information which may emerge concerning the severity of the coronavirus and the actions required to contain the coronavirus or treat its impact, among others.

Note 23 – Reinsurance

No significant changes

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

- F. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions?

Yes [] No [X]

NOTES TO FINANCIAL STATEMENTS

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2019 were \$380,000. As of March 31, 2020, \$99,000 has been paid for incurred losses and loss adjusting expense attributable to insured events of prior years. Reserves remaining for prior years are now \$303,000 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$22,000 unfavorable prior year development since December 31, 2019 to March 31, 2020. 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

No significant changes

Note 27 – Structured Settlements

No significant changes

Note 28 – Health Care Receivables

No significant changes

Note 29 – Participating Policies

No significant changes

Note 30 – Premium Deficiency Reserves

No significant changes

Note 31 – High Deductibles

No significant changes

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

No significant changes

Note 33 – Asbestos/Environmental Reserves

No significant changes

Note 34 – Subscriber Savings Accounts

No significant changes

Note 35 – Multiple Peril Crop Insurance

No significant changes

Note 36 – Financial Guaranty Insurance

Not applicable - This type of business is not written by the company.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒ X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]

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

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?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [☒ X] No [☐]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒ X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [☐] No [☒ X]

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [☐] No [☒ X]

4.2

If yes, provide 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	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [☐] No [☒ X] N/A [☐]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2015

6.2

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

6.3

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

6.4

By what department or departments?
Indiana

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☐] No [☐] N/A [☒ X]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☒ X] No [☐] N/A [☐]

7.1

Has this 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]

7.2

If yes, give full information:

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 location (city and state of the main office) of any affiliates regulated by a federal 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.1

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?
(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.

Yes [☒ X] No [☐]

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [☐] No [☒ X]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒ X]

9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

Yes [X] No []

\$ 5,879

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

11.2 If yes, give full and complete information relating thereto:

Yes [] No [X]

12. Amount of real estate and mortgages held in other invested assets in Schedule BA:

13. Amount of real estate and mortgages held in short-term investments:

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

14.2 If yes, please complete the following:

\$ 0

\$ 0

Yes [X] No []

14.21 Bonds

14.22 Preferred Stock

14.23 Common Stock

14.24 Short-Term Investments

14.25 Mortgage Loans on Real Estate

14.26 All Other

14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above

1	2
Prior Year End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
\$ 0	\$ 0
0	0
0	0
0	0
0	0
0	0
0	0
\$ 0	\$ 0
\$ 0	\$ 0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 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 [] No [X]

Yes [] No [] N/A []

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2:

16.3 Total payable for securities lending reported on the liability page:

17. 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 *Financial Condition Examiners Handbook*?

\$ 0

\$ 0

\$ 0

Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1	2
Name of Custodian(s)	Custodian Address
US Bank	425 Walnut Street, Cincinnati, OH 45202

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

17.4 If yes, give full and complete information relating thereto:

Yes [] No [X]

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 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	2
Name of Firm or Individual	Affiliation
Sun Life Capital Management (U.S.) LLC	U

17.5097 For those firms/individuals listed in the table for Question 17.5, 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?

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?

Yes [X] No []

Yes [X] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
109684	Sun Life Capital Management (U.S.) LLC	5493001YL0M8HWNPEN55	SEC	NO

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

18.2 If no, list exceptions:

Yes [X] No []

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

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

a. 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.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. 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]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. 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]
21. 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:

a. The security was purchased prior to January 1, 2019.

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 reporting 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]

HOME AND FARM INSURANCE COMPANY

GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

- | 1. | If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|---|--|------------------------------|-----------|------------|------------------------------|-----------------|------------|-------------|-----------------------|-----------------------|-----------------|----------------|--|--|--|------------------------------|--|--|--|--------------------|-----------------|-----------|------------|--------------------|-----------------|------------|-------------|--|-------|-------|---|---|---|---|---|---|---|---|-------|-----|-----|---|---|---|---|---|---|---|---|
| | If yes, attach an explanation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | If yes, attach an explanation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 | Have any of the reporting entity's primary reinsurance contracts been canceled? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2 | If yes, give full and complete information thereto: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 | Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see <i>Annual Statement Instructions</i> pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 | If yes, complete the following schedule: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <th rowspan="2">1
Line of Business</th> <th rowspan="2">2
Maximum Interest</th> <th rowspan="2">3
Disc. Rate</th> <th colspan="4">Total Discount</th> <th colspan="4">Discount Taken During Period</th> </tr> <tr> <th>4
Unpaid Losses</th> <th>5
Unpaid LAE</th> <th>6
IBNR</th> <th>7
Total</th> <th>8
Unpaid Losses</th> <th>9
Unpaid LAE</th> <th>10
IBNR</th> <th>11
Total</th> </tr> <tr> <td></td> <td>0.000</td> <td>0.000</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>XXX</td> <td>XXX</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </table> | | | | | | | | | | 1
Line of Business | 2
Maximum Interest | 3
Disc. Rate | Total Discount | | | | Discount Taken During Period | | | | 4
Unpaid Losses | 5
Unpaid LAE | 6
IBNR | 7
Total | 8
Unpaid Losses | 9
Unpaid LAE | 10
IBNR | 11
Total | | 0.000 | 0.000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | Total | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1
Line of Business | 2
Maximum Interest | 3
Disc. Rate | Total Discount | | | | Discount Taken During Period | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4
Unpaid Losses | 5
Unpaid LAE | 6
IBNR | 7
Total | 8
Unpaid Losses | 9
Unpaid LAE | 10
IBNR | 11
Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0.000 | 0.000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | XXX | XXX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Operating Percentages: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 | A&H loss percent | | | 0.000% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 | A&H cost containment percent | | | 0.000% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.3 | A&H expense percent excluding cost containment expenses | | | 0.000% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.1 | Do you act as a custodian for health savings accounts? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.2 | If yes, please provide the amount of custodial funds held as of the reporting date. | \$ | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.3 | Do you act as an administrator for health savings accounts? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.4 | If yes, please provide the amount of funds administered as of the reporting date. | \$ | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7.1 | 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 <input type="checkbox"/> | No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

HOME AND FARM INSURANCE COMPANY

SCHEDULE F - CEDED REINSURANCE

Showing All New Reinsurers - Current Year to Date

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
All Other Insurers						
.....	AA-1460080.....	Helvetia Schweizerische Versicherungsgesellschaft AG.....	CH.....	Unauthorized....	.....6.....	.....
.....	AA-1340028.....	DEVK Ruckversicherungs- und Beteiligungs-Aktiengesellschaft.....	DEU.....	Unauthorized....	.....6.....	.....

HOME AND FARM INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

States, Etc.		1 Active Status (a)	Direct Premiums Written		Direct Losses Paid (Deducting Salvage)		Direct Losses Unpaid	
			2 Current Year to Date	3 Prior Year to Date	4 Current Year to Date	5 Prior Year to Date	6 Current Year to Date	7 Prior Year to Date
1.	Alabama.....AL	..N...						
2.	Alaska.....AK	..N...						
3.	Arizona.....AZ	..N...						
4.	Arkansas.....AR	..N...						
5.	California.....CA	..N...						
6.	Colorado.....CO	..N...						
7.	Connecticut.....CT	..N...						
8.	Delaware.....DE	..N...						
9.	District of Columbia.....DC	..N...						
10.	Florida.....FL	..N...						
11.	Georgia.....GA	..N...						
12.	Hawaii.....HI	..N...						
13.	Idaho.....ID	..N...						
14.	Illinois.....IL	..N...						
15.	Indiana.....IN	..L...		(315)		826	300,000	697,078
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
59.	Totals.....	..XXX...	0	(315)	0	826	300,000	697,078

DETAILS OF WRITE-INS							
58001. ....	..XXX...						
58002. ....	..XXX...						
58003. ....	..XXX...						
58998. Summary of remaining write-ins for Line 58 from overflow page....	..XXX...	0	0	0	0	0	0
58999. Totals (Lines 58001 thru 58003+ Line 58998) (Line 58 above).....	..XXX...	0	0	0	0	0	0

(a) Active Status Count

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....	2	R - Registered - Non-domiciled RRGs.....	0
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state (other than their state of domicile - See DSLI).....	0	Q - Qualified - Qualified or accredited reinsurer.....	0
D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write surplus lines in the state of domicile.....	0	N - None of the above - Not allowed to write business in the state.....	55

Sch. Y - Pt. 1
NONE

Sch. Y Pt. 1A
NONE

HOME AND FARM INSURANCE COMPANY
PART 1 - LOSS EXPERIENCE

Lines of Business	Current Year to Date			Prior Year to Date Direct Loss Percentage
	1 Direct Premiums Earned	2 Direct Losses Incurred	3 Direct Loss Percentage	
1. Fire.....			0.000	
2. Allied lines.....			0.000	
3. Farmowners multiple peril.....			0.000	
4. Homeowners multiple peril.....			0.000	
5. Commercial multiple peril.....			0.000	
6. Mortgage guaranty.....			0.000	
8. Ocean marine.....			0.000	
9. Inland marine.....			0.000	
10. Financial guaranty.....			0.000	
11.1. Medical professional liability - occurrence.....			0.000	
11.2. Medical professional liability - claims-made.....			0.000	
12. Earthquake.....			0.000	
13. Group accident and health.....			0.000	
14. Credit accident and health.....			0.000	
15. Other accident and health.....			0.000	
16. Workers' compensation.....			0.000	
17.1. Other liability-occurrence.....			0.000	(1,289.038)
17.2. Other liability-claims made.....			0.000	
17.3. Excess workers' compensation.....			0.000	
18.1. Products liability-occurrence.....			0.000	
18.2. Products liability-claims made.....			0.000	
19.1, 19.2. Private passenger auto liability.....			0.000	
19.3, 19.4. Commercial auto liability.....			0.000	
21. Auto physical damage.....			0.000	
22. Aircraft (all perils).....			0.000	
23. Fidelity.....			0.000	
24. Surety.....			0.000	
26. Burglary and theft.....			0.000	
27. Boiler and machinery.....			0.000	
28. Credit.....			0.000	
29. International.....			0.000	
30. Warranty.....			0.000	
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0.000	
35. Totals.....	0	0	0.000	(1,289.038)
DETAILS OF WRITE-INS				
3401.			0.000	
3402.			0.000	
3403.			0.000	
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0.000	XXX
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0.000	

PART 2 - DIRECT PREMIUMS WRITTEN

Lines of Business	1 Current Quarter	2 Current Year to Date	3 Prior Year Year to Date
1. Fire.....			
2. Allied lines.....			
3. Farmowners multiple peril.....			
4. Homeowners multiple peril.....			
5. Commercial multiple peril.....			
6. Mortgage guaranty.....			
8. Ocean marine.....			
9. Inland marine.....			
10. Financial guaranty.....			
11.1. Medical professional liability - occurrence.....			
11.2. Medical professional liability - claims made.....			
12. Earthquake.....			
13. Group accident and health.....			
14. Credit accident and health.....			
15. Other accident and health.....			
16. Workers' compensation.....			
17.1. Other liability-occurrence.....			(315)
17.2. Other liability-claims made.....			
17.3. Excess workers' compensation.....			
18.1. Products liability-occurrence.....			
18.2. Products liability-claims made.....			
19.1 19.2. Private passenger auto liability.....			
19.3 19.4. Commercial auto liability.....			
21. Auto physical damage.....			
22. Aircraft (all perils).....			
23. Fidelity.....			
24. Surety.....			
26. Burglary and theft.....			
27. Boiler and machinery.....			
28. Credit.....			
29. International.....			
30. Warranty.....			
31. Reinsurance-nonproportional assumed property.....	XXX	XXX	XXX
32. Reinsurance-nonproportional assumed liability.....	XXX	XXX	XXX
33. Reinsurance-nonproportional assumed financial lines.....	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business.....	0	0	0
35. Totals.....	0	0	(315)
DETAILS OF WRITE-INS			
3401.			
3402.			
3403.			
3498. Sum. of remaining write-ins for Line 34 from overflow page.....	0	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>
2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?	<div>NO</div>
3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>
4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	<div>NO</div>

Explanation:

1.

The data for this supplement is not required to be filed.
2.

The data for this supplement is not required to be filed.
3.

The data for this supplement is not required to be filed.
4.

The data for this supplement is not required to be filed.

Bar Code:



HOME AND FARM INSURANCE COMPANY
Overflow Page for Write-Ins

NONE

HOME AND FARM INSURANCE COMPANY
SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other-than-temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other-than-temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	6,472,331	6,296,923
2. Cost of bonds and stocks acquired.....	52,147	1,804,092
3. Accrual of discount.....	1,132	5,256
4. Unrealized valuation increase (decrease).....	(33,781)	
5. Total gain (loss) on disposals.....	(2,104)	8,259
6. Deduct consideration for bonds and stocks disposed of.....	528,607	1,614,590
7. Deduct amortization of premium.....	7,826	27,609
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees.....	2,656	
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....	5,955,948	6,472,331
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	5,955,948	6,472,331

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	5,696,377	52,147	528,061	(480,675)	4,739,788			5,696,377
2. NAIC 2 (a).....	775,961			398,969	1,174,930			775,961
3. NAIC 3 (a).....				41,231	41,231			
4. NAIC 4 (a).....					0			
5. NAIC 5 (a).....					0			
6. NAIC 6 (a).....					0			
7. Total Bonds.....	6,472,338	52,147	528,061	(40,475)	5,955,949	0	0	6,472,338
PREFERRED STOCK								
8. NAIC 1.....					0			
9. NAIC 2.....					0			
10. NAIC 3.....					0			
11. NAIC 4.....					0			
12. NAIC 5.....					0			
13. NAIC 6.....					0			
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	6,472,338	52,147	528,061	(40,475)	5,955,949	0	0	6,472,338

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

QSI02

Sch. DA - Pt. 1
NONE

Sch. DA - Verification
NONE

Sch. DB - Pt. A - Verification
NONE

Sch. DB - Pt. B - Verification
NONE

Sch. DB - Pt. C - Sn. 1
NONE

Sch. DB - Pt. C - Sn. 2
NONE

Sch. DB - Verification
NONE

HOME AND FARM INSURANCE COMPANY

SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	71,652	125,719
2. Cost of cash equivalents acquired.....	579,793	1,410,907
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	50,563	1,464,974
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other-than-temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	600,882	71,652
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	600,882	71,652

Sch. A Pt. 2

NONE

Sch. A Pt. 3

NONE

Sch. B - Pt. 2

NONE

Sch. B - Pt. 3

NONE

Sch. BA - Pt. 2

NONE

Sch. BA - Pt. 3

NONE

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol
Bonds - U.S. Government									
912828 Z9 4	US TREASURY N/B.....		03/02/2020.....	JP MORGAN.....		52,066	50,000	35	1.....
0599999.	Total - Bonds - U.S. Government.....					52,066	50,000	35	XXX.....
Bonds - Industrial and Miscellaneous									
23242M AD 3	CWL 2006-S3 A4.....		03/30/2020.....	ADJUSTMENT.....		80	80		1FM.....
3899999.	Total - Bonds - Industrial and Miscellaneous.....					80	80	0	XXX.....
8399997.	Total - Bonds - Part 3.....					52,146	50,080	35	XXX.....
8399999.	Total - Bonds.....					52,146	50,080	35	XXX.....
9999999.	Total - Bonds, Preferred and Common Stocks.....					52,146	XXX	35	XXX.....

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2			3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
												11	12	13	14	15								
				F o r e i g n	Disposal Date		Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Admini- strative Symbol	
Bonds - U.S. Government																								
38376G	ZU	7	GNMA 2011-9 C.....	..	03/01/2020.	MBS PMT.....		.....12,573	.....12,573	.....13,100	.....12,605	.....	.....(32)	.....	.....(32)	.....	.....12,573	.....	.....	.....0	.....90	09/16/2041.	1.....
38378B	RW	1	GNMA 2012-44 AD.....	..	03/01/2020.	MBS PMT.....		.....13,160	.....13,160	.....13,859	.....13,166	.....	.....(6)	.....	.....(6)	.....	.....13,160	.....	.....	.....0	.....54	04/16/2041.	1.....
38378T	AL	4	GNMA 2013-71 LA.....	..	03/01/2020.	MBS PMT.....		.....845	.....845	.....868	.....845	.....	.....	.....	.....0	.....	.....845	.....	.....	.....0	.....5	10/20/2042.	1.....
912828	W2	2	US TREASURY N/B.....	..	02/15/2020.	MATURITY.....		.....200,000	.....200,000	.....198,820	.....199,950	.....	.....50	.....	.....50	.....	.....200,000	.....	.....	.....0	.....1,375	02/15/2020.	1.....
912828	W6	3	US TREASURY N/B.....	..	03/15/2020.	MATURITY.....		.....100,000	.....100,000	.....100,285	.....100,020	.....	.....(20)	.....	.....(20)	.....	.....100,000	.....	.....	.....0	.....813	03/15/2020.	1.....
0599999.	Total - Bonds - U.S. Government.....							.....326,578	.....326,578	.....326,932	.....326,586	.....0	.....(8)	.....0	.....(8)	.....0	.....326,578	.....0	.....0	.....0	.....2,337	XXX	XXX
Bonds - U.S. Political Subdivisions of States																								
442331	SN	5	HOUSTON TX.....	..	03/01/2020.	MATURITY.....		.....50,000	.....50,000	.....58,319	.....50,200	.....	.....(200)	.....	.....(200)	.....	.....50,000	.....	.....	.....0	.....1,090	03/01/2020.	1FE.....
2499999.	Total - Bonds - U.S. Political Subdivisions of States.....							.....50,000	.....50,000	.....58,319	.....50,200	.....0	.....(200)	.....0	.....(200)	.....0	.....50,000	.....0	.....0	.....0	.....1,090	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment																								
3128KT	D8	0	FHLMC A62827.....	..	03/01/2020.	MBS PMT.....		.....20	.....20	.....20	.....20	.....	.....	.....	.....0	.....	.....20	.....	.....	.....0	.....	06/01/2037.	1.....
3128M5	GU	8	FHLMC G03511.....	..	03/01/2020.	MBS PMT.....		.....4	.....4	.....4	.....4	.....	.....	.....	.....0	.....	.....4	.....	.....	.....0	.....	10/01/2037.	1.....
3128MB	XH	5	FHLMC G13180.....	..	03/01/2020.	MBS PMT.....		.....141	.....141	.....140	.....141	.....	.....	.....	.....0	.....	.....141	.....	.....	.....0	.....1	06/01/2023.	1.....
3128MC	FJ	9	FHLMC G13569.....	..	03/01/2020.	MBS PMT.....		.....441	.....441	.....454	.....442	.....	.....	.....	.....0	.....	.....441	.....	.....	.....0	.....2	04/01/2024.	1.....
3128MC	GH	2	FHLMC G13600.....	..	03/01/2020.	MBS PMT.....		.....267	.....267	.....274	.....267	.....	.....	.....	.....0	.....	.....267	.....	.....	.....0	.....2	06/01/2024.	1.....
3128MJ	V2	3	FHLMC G08632.....	..	03/01/2020.	MBS PMT.....		.....2,300	.....2,300	.....2,412	.....2,302	.....	.....(2)	.....	.....(2)	.....	.....2,300	.....	.....	.....0	.....13	03/01/2045.	1.....
3128MJ	XK	1	FHLMC G08681.....	..	03/01/2020.	MBS PMT.....		.....3,021	.....3,021	.....3,151	.....3,024	.....	.....(2)	.....	.....(2)	.....	.....3,021	.....	.....	.....0	.....17	12/01/2045.	1.....
3128MM	KX	0	FHLMC G18309.....	..	03/01/2020.	MBS PMT.....		.....138	.....138	.....140	.....138	.....	.....	.....	.....0	.....	.....138	.....	.....	.....0	.....1	05/01/2024.	1.....
3128PR	JW	0	FHLMC J12077.....	..	03/01/2020.	MBS PMT.....		.....182	.....182	.....189	.....182	.....	.....	.....	.....0	.....	.....182	.....	.....	.....0	.....1	04/01/2025.	1.....
3132L6	AK	7	FHLMC V80910.....	..	03/01/2020.	MBS PMT.....		.....1,524	.....1,524	.....1,622	.....1,525	.....	.....(1)	.....	.....(1)	.....	.....1,524	.....	.....	.....0	.....10	12/01/2043.	1.....
31339S	E2	7	FHLMC QA2853.....	..	03/01/2020.	MBS PMT.....		.....2,855	.....2,855	.....2,890	.....2,856	.....	.....(1)	.....	.....(1)	.....	.....2,855	.....	.....	.....0	.....17	09/01/2049.	1.....
3136A1	X8	3	FNMA 2011-115 KE.....	..	03/01/2020.	MBS PMT.....		.....496	.....496	.....502	.....496	.....	.....	.....	.....0	.....	.....496	.....	.....	.....0	.....2	10/25/2039.	1.....
3136AB	LF	8	FNMA 2012-148 KB.....	..	03/01/2020.	MBS PMT.....		.....1,795	.....1,795	.....1,820	.....1,795	.....	.....	.....	.....0	.....	.....1,795	.....	.....	.....0	.....6	03/25/2042.	1.....
3136AG	DN	9	FNMA 2013-97 EK.....	..	03/01/2020.	MBS PMT.....		.....1,402	.....1,402	.....1,446	.....1,403	.....	.....(1)	.....	.....(1)	.....	.....1,402	.....	.....	.....0	.....7	11/25/2028.	1.....
3136AP	EE	8	FNMA 2015-47 GA.....	..	03/01/2020.	MBS PMT.....		.....1,368	.....1,368	.....1,405	.....1,369	.....	.....(1)	.....	.....(1)	.....	.....1,368	.....	.....	.....0	.....6	06/25/2044.	1.....
3137BC	QV	3	FHLMC 4382 BC.....	..	03/01/2020.	MBS PMT.....		.....4,893	.....4,893	.....5,130	.....4,896	.....	.....(4)	.....	.....(4)	.....	.....4,893	.....	.....	.....0	.....24	07/15/2040.	1.....
3137BD	CQ	7	FHLMC 4377 LC.....	..	03/01/2020.	MBS PMT.....		.....1,261	.....1,261	.....1,307	.....1,262	.....	.....(1)	.....	.....(1)	.....	.....1,261	.....	.....	.....0	.....6	04/15/2039.	1.....
3138EG	HR	8	FNMA #AL0239.....	..	03/01/2020.	MBS PMT.....		.....1,917	.....1,917	.....1,920	.....1,917	.....	.....	.....	.....0	.....	.....1,917	.....	.....	.....0	.....15	04/01/2041.	1.....
3138YR	6Y	9	FNMA #AZ0886.....	..	03/01/2020.	MBS PMT.....		.....1,613	.....1,613	.....1,673	.....1,614	.....	.....(1)	.....	.....(1)	.....	.....1,613	.....	.....	.....0	.....8	07/01/2030.	1.....
31398K	A5	9	FHLMC 3589 PA.....	..	03/01/2020.	MBS PMT.....		.....42	.....42	.....43	.....42	.....	.....	.....	.....0	.....	.....42	.....	.....	.....0	.....	09/15/2039.	1.....
31414F	GG	0	FNMA #964699.....	..	03/01/2020.	MBS PMT.....		.....178	.....178	.....183	.....178	.....	.....	.....	.....0	.....	.....178	.....	.....	.....0	.....2	08/01/2023.	1.....
31416W	6G	2	FNMA #AB1770.....	..	03/01/2020.	MBS PMT.....		.....601	.....601	.....576	.....601	.....	.....	.....	.....0	.....	.....601	.....	.....	.....0	.....3	11/01/2025.	1.....
31417S	BP	4	FNMA #AC5445.....	..	03/01/2020.	MBS PMT.....		.....465	.....465	.....503	.....466	.....	.....	.....	.....0	.....	.....465	.....	.....	.....0	.....4	11/01/2039.	1.....
31418D	ET	5	FNMA #MA3745.....	..	03/01/2020.	MBS PMT.....		.....15,405	.....15,405	.....15,853	.....15,423	.....	.....(17)	.....	.....(17)	.....	.....15,405	.....	.....	.....0	.....98	08/01/2049.	1.....
31418D	FE	7	FNMA #MA3764.....	..	03/01/2020.	MBS PMT.....		.....6,419	.....6,419	.....6,518	.....6,421	.....	.....(3)	.....	.....(3)	.....	.....6,419	.....	.....	.....0	.....30	09/01/2034.	1.....
3199999.	Total - Bonds - U.S. Special Revenue and Special Assessments.....							.....48,748	.....48,748	.....50,175	.....48,784	.....0	.....(34)	.....0	.....(34)	.....0	.....48,748	.....0	.....0	.....0	.....275	XXX	XXX
Bonds - Industrial and Miscellaneous																								
23242M	AD	3	CWL 2006-S3 A4.....	..	03/01/2020.	MBS PMT.....		.....629	.....629	.....371	.....469	.....	.....159	.....	.....159	.....	.....629	.....	.....	.....0	.....7	01/25/2029.	1FM.....
459200	HA	2	IBM CORP.....	..	03/06/2020.	CALL at 102.650.....		.....102,650	.....100,000	.....106,449	.....102,330	.....	.....(227)	.....	.....(227)	.....	.....102,104	.....	.....(2,104)	.....(2,104)	.....3,657	11/01/2021.	1FE.....

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other-Than- Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest / Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation and Admini- strative Symbol
3899999.	Total - Bonds - Industrial and Miscellaneous.....					.....103,279	.....100,629	.....106,820	.....102,799	.....0	.....(68)	.....0	.....(68)	.....0	.....102,733	.....0	.....(2,104)	.....(2,104)	.....3,664	XXX	XXX
8399997.	Total - Bonds - Part 4.....					.....528,605	.....525,955	.....542,246	.....528,369	.....0	.....(310)	.....0	.....(310)	.....0	.....528,059	.....0	.....(2,104)	.....(2,104)	.....7,366	XXX	XXX
8399999.	Total - Bonds.....					.....528,605	.....525,955	.....542,246	.....528,369	.....0	.....(310)	.....0	.....(310)	.....0	.....528,059	.....0	.....(2,104)	.....(2,104)	.....7,366	XXX	XXX
9999999.	Total - Bonds, Preferred and Common Stocks.....					.....528,605	XXX	.....542,246	.....528,369	.....0	.....(310)	.....0	.....(310)	.....0	.....528,059	.....0	.....(2,104)	.....(2,104)	.....7,366	XXX	XXX

Sch. DB - Pt. A - Sn. 1
NONE

Sch. DB - Pt. B - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 1
NONE

Sch. DB - Pt. D - Sn. 2
NONE

Sch. DB - Pt. E
NONE

Sch. DL - Pt. 1
NONE

Sch. DL - Pt. 2
NONE

HOME AND FARM INSURANCE COMPANY
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount or interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
Open Depositories								
Unity National Bank..... Piqua, OH .....			.....9		.....19,360	.....15,093	.....80,285	XXX
0199999. Total Open Depositories.....	XXX	XXX	.....9	.....0	.....19,360	.....15,093	.....80,285	XXX
0399999. Total Cash on Deposit.....	XXX	XXX	.....9	.....0	.....19,360	.....15,093	.....80,285	XXX
0599999. Total Cash.....	XXX	XXX	.....9	.....0	.....19,360	.....15,093	.....80,285	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2					3	4	5	6	7	8	9
CUSIP	Description					Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year
Exempt Money Market Mutual Funds as Identified by the SVO												
31846V 53 4	FIRST AMERN US TREAS CL Y.....						03/25/2020.....	1.153		600,882		325
8599999. Total - Exempt Money Market Mutual Funds as Identified by the SVO.....										600,882	0	325
8899999. Total - Cash Equivalents.....										600,882	0	325