



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2020

OF THE CONDITION AND AFFAIRS OF THE

HOME AND FARM INSURANCE COMPANY

NAIC Group Code	0046 (Current)	0046 (Prior)	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	United States of America					
Incorporated/Organized	01/29/1985			Commenced Business		03/05/1985
Statutory Home Office	One Heritage Place (Street and Number)			Piqua, OH, US 45356 (City or Town, State, Country and Zip Code)		
Main Administrative Office	One Heritage Place (Street and Number)			Piqua, OH, US 45356 (City or Town, State, Country and Zip Code)		
	Piqua, OH, US 45356 (City or Town, State, Country and Zip Code)			937-778-5000 (Area Code) (Telephone Number)		
Mail Address	One Heritage Place (Street and Number or P.O. Box)			Piqua, OH, US 45356 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	One Heritage Place (Street and Number)			Piqua, OH, US 45356 (City or Town, State, Country and Zip Code)		
	Piqua, OH, US 45356 (City or Town, State, Country and Zip Code)			937-778-5000 (Area Code) (Telephone Number)		
Internet Website Address	N/A					
Statutory Statement Contact	Craig Allen Curcio (Name)			937-778-5000 (Area Code) (Telephone Number)		
	craig.curcio@buckeye-ins.com (E-mail Address)			937-778-5019 (FAX Number)		

OFFICERS

President	John Michael Brooks	Treasurer	Jerry Christopher Collins
Secretary	Lisa Lyn Wesner		

OTHER

DIRECTORS OR TRUSTEES

William L. Sweet Jr.	Zahid Afzal #	Jule A. Covault #
John S. Haldeman II #	James D. Rogers #	Jean M. Bratton #
Oyauma M. Garrison #	Joe W. Dickerson #	

State of Ohio
County of Miami SS:

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.

John Michael Brooks President	Lisa Lyn Wesner Secretary	Jerry Christopher Collins Treasurer
Subscribed and sworn to before me this		a. Is this an original filing?
day of		b. If no,
		1. State the amendment number.....
		2. Date filed
		3. Number of pages attached.....



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2020

NAIC Company Code 17639

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence					300,000			5,130	5,130			5,997
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial 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												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)					300,000			5,130	5,130			5,997
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2020 NAIC Company Code 17639

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	35	7		28							5	2
3. Farmowners multiple peril	147,056	34,070		112,986	1,484	17,484	16,000				21,746	7,053
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	1,006	190		816							149	48
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence												
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	35,658	7,876		27,782		7,000	7,000				5,273	1,710
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	25,731	5,257		20,474							3,805	1,234
21.2 Commercial 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												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	209,486	47,400		162,086	1,484	24,484	23,000				30,978	10,047
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$262
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 0046 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2020 NAIC Company Code 17639

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1	2										
	Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood	35	7		28							5	2
3. Farmowners multiple peril	147,056	34,070		112,986	1,484	17,484	16,000				21,746	7,053
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9. Inland marine	1,006	190		816							149	48
10. Financial guaranty												
11. Medical professional liability												
12. Earthquake												
13. Group accident and health (b)												
14. Credit accident and health (group and individual)												
15.1 Collectively renewable accident and health (b)												
15.2 Non-cancelable accident and health(b)												
15.3 Guaranteed renewable accident and health(b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 Medicare Title XVIII exempt from state taxes or fees												
15.7 All other accident and health (b)												
15.8 Federal employees health benefits plan premium (b)												
16. Workers' compensation												
17.1 Other Liability - occurrence					300,000			5,130	5,130			5,997
17.2 Other Liability - claims made												
17.3 Excess workers' compensation												
18. Products liability												
19.1 Private passenger auto no-fault (personal injury protection)	35,658	7,876		27,782		7,000	7,000				5,273	1,710
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	25,731	5,257		20,474							3,805	1,234
21.2 Commercial 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												
34. Aggregate write-ins for other lines of business												
35. TOTALS (a)	209,486	47,400		162,086	301,484	24,484	23,000	5,130	5,130		30,978	16,044
DETAILS OF WRITE-INS												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 thru 3403 plus 3498)(Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$262
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (\$000 Omitted)

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year	2019	2018	2017
Reinsurance Effected	\$1,000	\$1,000	\$1,000
Reinsurance Canceled	\$1,000	\$1,000	\$1,000
Net Reinsurance Effected or (Canceled)	\$2,000	\$2,000	\$2,000

1 ID Number	2 NAIC Com- pany Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
NONE					

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1 ID Number	2 NAIC Com- pany Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15 - [17 + 18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Columns 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
31-6035649	16713	Buckeye State Mutual Insurance Company	OH		185	2	2			23		146		173		115	104	(46)	300
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling					185	2	2			23		146		173		115	104	(46)	300
0499999. Total Authorized - Affiliates - U.S. Non-Pool																			
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																			
0899999. Total Authorized - Affiliates					185	2	2			23		146		173		115	104	(46)	300
42-0234980	21415	Employers Mutual Casualty Company	IA		2							2		2				2	
05-0316605	21482	Factory Mutual Insurance Company	RI		4							3		3				3	
13-2673100	22039	General Reinsurance Corporation	DE		5							4		4				4	
04-1543470	23043	Liberty Mutual Insurance Company	MA		3							2		2				2	
13-4924125	10227	Munich Reinsurance America, Inc.	DE		1		1							1		(1)		2	
13-1675535	25364	Swiss Reinsurance America Corporation	NY		1											(1)		1	
13-5616275	19453	Transatlantic Reinsurance Company	NY		4							3		3				3	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers					20	1						14		15		(2)		17	
AA-1340125		Hannover Rück SE	DEU		4							3		3				3	
1299999. Total Authorized - Other Non-U.S. Insurers					4							3		3				3	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)					209	3	2			23		163		191		113	104	(26)	300
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																			
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																			
2299999. Total Unauthorized - Affiliates																			
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																			
3299999. Total Certified - Affiliates - U.S. Non-Pool																			
3599999. Total Certified - Affiliates - Other (Non-U.S.)																			
3699999. Total Certified - Affiliates																			
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																			
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																			
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																			
5099999. Total Reciprocal Jurisdiction - Affiliates																			
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																			
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)					209	3	2			23		163		191		113	104	(26)	300
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																			
9999999 Totals					209	3	2			23		163		191		113	104	(26)	300

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
		Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15-27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29-30)	Total Collateral (Cols. 21+22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31-32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
31-6035649	Buckeye State Mutual Insurance Company					173			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999	Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX		173			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999	Total Authorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0799999	Total Authorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
0899999	Total Authorized - Affiliates			XXX		173									XXX		
42-0234980	Employers Mutual Casualty Company						2		2	2				2	3		
05-0316605	Factory Mutual Insurance Company						3		3	4				4	2		
13-2673100	General Reinsurance Corporation						4		4	5				5	1		
04-1543470	Liberty Mutual Insurance Company						2		2	2				2	3		
13-4924125	Munich Reinsurance America, Inc.					(1)	2		1	1	(1)			2	2		
13-1675535	Swiss Reinsurance America Corporation					(1)	1				(1)			1	2		
13-5616275	Transatlantic Reinsurance Company						3		3	4				4	2		
0999999	Total Authorized - Other U.S. Unaffiliated Insurers			XXX		(2)	17		15	18	(2)			20	XXX		1
AA-1340125	Hannover Rück SE						3		3	4				4	2		
1299999	Total Authorized - Other Non-U.S. Insurers			XXX			3		3	4				4	XXX		
1499999	Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX		171	20		18	22	(2)			24	XXX		1
1899999	Total Unauthorized - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2199999	Total Unauthorized - Affiliates - Other (Non-U.S.)			XXX											XXX		
2299999	Total Unauthorized - Affiliates			XXX											XXX		
2899999	Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)			XXX											XXX		
3299999	Total Certified - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3599999	Total Certified - Affiliates - Other (Non-U.S.)			XXX											XXX		
3699999	Total Certified - Affiliates			XXX											XXX		
4299999	Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)			XXX											XXX		
4699999	Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
4999999	Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX											XXX		
5099999	Total Reciprocal Jurisdiction - Affiliates			XXX											XXX		
5699999	Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX											XXX		
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)			XXX		171	20		18	22	(2)			24	XXX		1
5899999	Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)			XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9999999	Totals			XXX		171	20		18	22	(2)			24	XXX		1

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	51 Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	Overdue					43 Total Due Cols. 37+42 (In total should equal Cols. 7+8)											
			38 1 - 29 Days	39 30 - 90 Days	40 91 - 120 Days	41 Over 120 Days	42 Total Overdue Cols. 38+39 +40+41												
31-6035649 ...	Buckeye State Mutual Insurance Company	4						4			4							YES	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling		4						4			4							XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool																		XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)																		XXX	
0899999. Total Authorized - Affiliates		4						4			4							XXX	
42-0234980 ...	Employers Mutual Casualty Company																	YES	
05-0316605 ...	Factory Mutual Insurance Company																	YES	
13-2673100 ...	General Reinsurance Corporation																	YES	
04-1543470 ...	Liberty Mutual Insurance Company																	YES	
13-4924125 ...	Munich Reinsurance America, Inc.	1						1			1							YES	
13-1675535 ...	Swiss Reinsurance America Corporation																	YES	
13-5616275 ...	Transatlantic Reinsurance Company																	YES	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers		1						1			1							XXX	
AA-1340125 ...	Hannover Rück SE																	YES	
1299999. Total Authorized - Other Non-U.S. Insurers																		XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)		5						5			5							XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool																		XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)																		XXX	
2299999. Total Unauthorized - Affiliates																		XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)																		XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool																		XXX	
3599999. Total Certified - Affiliates - Other (Non-U.S.)																		XXX	
3699999. Total Certified - Affiliates																		XXX	
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)																		XXX	
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool																		XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)																		XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates																		XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)																		XXX	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Aging of Ceded Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	Overdue					43										
			38	39	40	41	42											
		Current	1 - 29 Days	30 - 90 Days	91 - 120 Days	Over 120 Days	Total Overdue Cols. 38+39 +40+41	Total Due Cols. 37+42 (In total should equal Cols. 7+8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43-44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46+48])	Percentage More Than 120 Days Overdue (Col. 41/ Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)		5						5			5						XXX	
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)																	XXX	
9999999 Totals		5						5			5						XXX	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

ID Number From Col. 1	Name of Reinsurer From Col. 3	Provision for Certified Reinsurance														Complete if Col. 52 = "No"; Otherwise Enter 0			69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
		54	55	56	57	58	59	60 Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	61 Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	62 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	63 Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	64 Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	65 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	66 Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24, not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	68 20% of Amount in Col. 67			
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)												
31-6035649	Buckeye State Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0899999. Total Authorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0234980	Employers Mutual Casualty Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
05-0316605	Factory Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2673100	General Reinsurance Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
04-1543470	Liberty Mutual Insurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-4924125	Munich Reinsurance America, Inc.	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	Swiss Reinsurance America Corporation	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5616275	Transatlantic Reinsurance Company	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1340125	Hannover Rück SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1299999. Total Authorized - Other Non-U.S. Insurers				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2299999. Total Unauthorized - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool				XXX				XXX	XXX										
3599999. Total Certified - Affiliates - Other (Non-U.S.)				XXX				XXX	XXX										
3699999. Total Certified - Affiliates				XXX				XXX	XXX										
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)				XXX				XXX	XXX										
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)				XXX				XXX	XXX										
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)				XXX				XXX	XXX										
9999999 Totals				XXX				XXX	XXX										

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Total Provision for Reinsurance)

ID Number From Col. 1	Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Total Provision for Reinsurance		
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0	74 Complete if Col. 52 = "No"; Otherwise Enter 0		76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
					20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col. 26 * 20% or Cols. [40 + 41] * 20%)				
31-6035649	Buckeye State Mutual Insurance Company		XXX	XXX				XXX	XXX	
0199999. Total Authorized - Affiliates - U.S. Intercompany Pooling			XXX	XXX				XXX	XXX	
0499999. Total Authorized - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
0799999. Total Authorized - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
0899999. Total Authorized - Affiliates			XXX	XXX				XXX	XXX	
42-0234980	Employers Mutual Casualty Company		XXX	XXX				XXX	XXX	
05-0316605	Factory Mutual Insurance Company		XXX	XXX				XXX	XXX	
13-2673100	General Reinsurance Corporation		XXX	XXX				XXX	XXX	
04-1543470	Liberty Mutual Insurance Company		XXX	XXX				XXX	XXX	
13-4924125	Munich Reinsurance America, Inc.		XXX	XXX				XXX	XXX	
13-1675535	Swiss Reinsurance America Corporation		XXX	XXX				XXX	XXX	
13-5616275	Transatlantic Reinsurance Company		XXX	XXX				XXX	XXX	
0999999. Total Authorized - Other U.S. Unaffiliated Insurers			XXX	XXX				XXX	XXX	
AA-1340125	Hannover Rück SE		XXX	XXX				XXX	XXX	
1299999. Total Authorized - Other Non-U.S. Insurers			XXX	XXX				XXX	XXX	
1499999. Total Authorized Excluding Protected Cells (Sum of 0899999, 0999999, 1099999, 1199999 and 1299999)			XXX	XXX				XXX	XXX	
1899999. Total Unauthorized - Affiliates - U.S. Non-Pool					XXX	XXX	XXX		XXX	
2199999. Total Unauthorized - Affiliates - Other (Non-U.S.)					XXX	XXX	XXX		XXX	
2299999. Total Unauthorized - Affiliates					XXX	XXX	XXX		XXX	
2899999. Total Unauthorized Excluding Protected Cells (Sum of 2299999, 2399999, 2499999, 2599999 and 2699999)					XXX	XXX	XXX		XXX	
3299999. Total Certified - Affiliates - U.S. Non-Pool		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3599999. Total Certified - Affiliates - Other (Non-U.S.)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3699999. Total Certified - Affiliates		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4299999. Total Certified Excluding Protected Cells (Sum of 3699999, 3799999, 3899999, 3999999 and 4099999)		XXX	XXX	XXX	XXX	XXX	XXX	XXX		
4699999. Total Reciprocal Jurisdiction - Affiliates - U.S. Non-Pool			XXX	XXX				XXX	XXX	
4999999. Total Reciprocal Jurisdiction - Affiliates - Other (Non-U.S.)			XXX	XXX				XXX	XXX	
5099999. Total Reciprocal Jurisdiction - Affiliates			XXX	XXX				XXX	XXX	
5699999. Total Reciprocal Jurisdiction Excluding Protected Cells (Sum of 5099999, 5199999, 5299999, 5399999 and 5499999)			XXX	XXX				XXX	XXX	
5799999. Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells (Sum of 1499999, 2899999, 4299999 and 5699999)										
5899999. Total Protected Cells (Sum of 1399999, 2799999, 4199999 and 5599999)										
9999999 Totals										

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
			NONE	
Total				

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1.			
2.			
3.			
4.			
5.			

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3,Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6.	Buckeye State Mutual Insurance Company	173	185	Yes [X] No []
7.	General Reinsurance Corporation	10	5	Yes [] No [X]
8.	Transatlantic Reinsurance Company	8	4	Yes [] No [X]
9.	Hannover Rück SE	8	4	Yes [] No [X]
10.	Liberty Mutual Insurance Company	6	3	Yes [] No [X]

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	6,848,239	(300,000)	6,548,239
2. Premiums and considerations (Line 15)	503,104		503,104
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	5,756	(5,756)	
4. Funds held by or deposited with reinsured companies (Line 16.2)	2,000,000	(2,000,000)	
5. Other assets	180,718	(45,246)	135,472
6. Net amount recoverable from reinsurers		2,157,820	2,157,820
7. Protected cell assets (Line 27)			
8. Totals (Line 28)	9,537,817	(193,182)	9,344,635
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	624,947	23,000	647,947
10. Taxes, expenses, and other obligations (Lines 4 through 8)	182,992	34,566	217,558
11. Unearned premiums (Line 9)	847,176	162,086	1,009,262
12. Advance premiums (Line 10)			
13. Dividends declared and unpaid (Line 11.1 and 11.2)			
14. Ceded reinsurance premiums payable (net of ceding commissions (Line 12)	112,834		112,834
15. Funds held by company under reinsurance treaties (Line 13)	300,000	(300,000)	
16. Amounts withheld or retained by company for account of others (Line 14)			
17. Provision for reinsurance (Line 16)		(112,834)	(112,834)
18. Other liabilities	149,217		149,217
19. Total liabilities excluding protected cell business (Line 26)	2,217,166	(193,182)	2,023,984
20. Protected cell liabilities (Line 27)			
21. Surplus as regards policyholders (Line 37)	7,320,651	XXX	7,320,651
22. Totals (Line 38)	9,537,817	(193,182)	9,344,635

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? Yes [] No [X]

If yes, give full explanation:

Schedule H - Part 1 - Analysis of Underwriting Operations

N O N E

Schedule H - Part 2 - Reserves and Liabilities

N O N E

Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

N O N E

Schedule H - Part 4 - Reinsurance

N O N E

Schedule H - Part 5 - Health Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX		8						(8)	XXX
2. 2011.....	1,764	849	915	1,965	1,268	22	12	102	23	15	786	449
3. 2012.....	1,547	682	865	1,181	682	18	5	78	19	7	571	282
4. 2013.....	1,512	367	1,145	874	147	14	5	53	1	16	788	191
5. 2014.....	1,489	501	988	1,095	438	9	3	57	9	5	711	197
6. 2015.....	1,421	458	963	786	260	9	3	42	8	7	566	129
7. 2016.....	1,363	344	1,019	895	210	14	5	49	2	4	741	150
8. 2017.....	1,247	245	1,002	905	257	5	1	38	1	1	689	138
9. 2018.....	1,013	234	779	503	18	2		28		3	515	91
10. 2019.....	988	226	762	618	152	4	2	32	1	13	499	108
11. 2020.....	1,003	197	806	425	26	2		26	1	2	426	64
12. Totals	XXX	XXX	XXX	9,247	3,466	99	36	505	65	73	6,284	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....													
6. 2015.....													
7. 2016.....1					1							2	
8. 2017.....													
9. 2018.....13	10	8	4	1		1		1		1	10		
10. 2019.....15		16	7	1		2	1	1		2	27	1	
11. 2020.....57	9	58	26			14	5	5		5	94	6	
12. Totals	86	19	82	37	3		17	6	7		8	133	7

	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		
2. 2011.....	2,089	1,303	786	118.4	153.5	85.9					
3. 2012.....	1,277	706	571	82.5	103.5	66.0					
4. 2013.....	941	153	788	62.2	41.7	68.8					
5. 2014.....	1,161	450	711	78.0	89.8	72.0					
6. 2015.....	837	271	566	58.9	59.2	58.8					
7. 2016.....	960	217	743	70.4	63.1	72.9				1	1
8. 2017.....	948	259	689	76.0	105.7	68.8					
9. 2018.....	557	32	525	55.0	13.7	67.4				7	3
10. 2019.....	689	163	526	69.7	72.1	69.0				24	3
11. 2020.....	587	67	520	58.5	34.0	64.5				80	14
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	112	21

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2011.....	634	54	580	505	85	19	3	27	1	16	462	150
3. 2012.....	578	43	535	427	4	19	3	31	(3)	20	473	143
4. 2013.....	594	48	546	340	4	13	2	36	(1)	15	384	154
5. 2014.....	638	197	441	406	108	12	2	36	2	15	342	150
6. 2015.....	623	177	446	459	129	17	3	37	3	15	378	133
7. 2016.....	607	128	479	401	76	15	3	35	(1)	13	373	130
8. 2017.....	567	57	510	395	32	19	5	33	1	10	409	108
9. 2018.....	461	52	409	232	14	5	1	25	(1)	12	248	80
10. 2019.....	444	52	392	237	34	2		25		5	230	78
11. 2020.....	430	41	389	83				24		2	107	51
12. Totals	XXX	XXX	XXX	3,485	486	121	22	309	1	123	3,406	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....													
6. 2015.....													
7. 2016.....	1				1							2	
8. 2017.....	3					1					2	2	
9. 2018.....	8		10	1	3		1		1		2	22	
10. 2019.....	48	14	19	2	2		3	1	1		4	56	1
11. 2020.....	67	9	68	9			22	8	5		7	136	6
12. Totals	127	23	97	12	6	1	26	9	7		15	218	7

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011.....	551	89	462	86.9	164.8	79.7					
3. 2012.....	477	4	473	82.5	9.3	88.4					
4. 2013.....	389	5	384	65.5	10.4	70.3					
5. 2014.....	454	112	342	71.2	56.9	77.6					
6. 2015.....	513	135	378	82.3	76.3	84.8					
7. 2016.....	453	78	375	74.6	60.9	78.3				1	1
8. 2017.....	450	39	411	79.4	68.4	80.6				3	(1)
9. 2018.....	285	15	270	61.8	28.8	66.0				17	5
10. 2019.....	337	51	286	75.9	98.1	73.0				51	5
11. 2020.....	269	26	243	62.6	63.4	62.5				117	19
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	189	29

Schedule P - Part 1C - Commercial Auto/Truck Liability/Medical

N O N E

Schedule P - Part 1D - Workers' Compensation (Excluding Excess Workers' Compensation)

N O N E

Schedule P - Part 1E - Commercial Multiple Peril

N O N E

Schedule P - Part 1F - Section 1 - Medical Professional Liability - Occurrence

N O N E

Schedule P - Part 1F - Section 2 - Medical Professional Liability - Claims-Made

N O N E

Schedule P - Part 1G - Special Liability (Ocean Marine, Aircraft (all perils), Boiler and Machinery)

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (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)	Number of Claims Reported Direct and Assumed
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX	XXX	XXX									XXX
2. 2011.....	77	56	21	177	169	1	1	1		5	9	2
3. 2012.....	55	35	20	3		1		1			5	
4. 2013.....	56	36	20	1				1			2	
5. 2014.....	59	39	20	42	34			1			9	1
6. 2015.....	60	39	21	7	2	1	1				5	1
7. 2016.....	61	37	24	3		1		1			5	
8. 2017.....	56	35	21	50	45			1			6	1
9. 2018.....	42	29	13	15	8						7	
10. 2019.....	28	27	1	73	70						3	
11. 2020.....	30	28	2									
12. Totals	XXX	XXX	XXX	371	328	4	2	6		5	51	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		Adjusting and Other Unpaid		Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Number of Claims Outstanding Direct and Assumed
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....													
2. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....													
6. 2015.....													
7. 2016.....													
8. 2017.....													
9. 2018.....	1	1	3	3									
10. 2019.....			5	4								1	
11. 2020.....			19	18								1	
12. Totals	1	1	27	25								2	

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011.....	179	170	9	232.5	303.6	42.9					
3. 2012.....	5		5	9.1		25.0					
4. 2013.....	2		2	3.6		10.0					
5. 2014.....	43	34	9	72.9	87.2	45.0					
6. 2015.....	8	3	5	13.3	7.7	23.8					
7. 2016.....	5		5	8.2		20.8					
8. 2017.....	51	45	6	91.1	128.6	28.6					
9. 2018.....	19	12	7	45.2	41.4	53.8					
10. 2019.....	78	74	4	278.6	274.1	400.0				1	
11. 2020.....	19	18	1	63.3	64.3	50.0				1	
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	2	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	Number of Claims Reported Direct and Assumed
	Direct and Assumed	Ceded	Net (1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX	XXX	XXX									XXX
2. 2011.....												
3. 2012.....												
4. 2013.....												
5. 2014.....												
6. 2015.....												
7. 2016.....												
8. 2017.....												
9. 2018.....												
10. 2019.....												
11. 2020.....												
12. Totals	XXX	XXX	XXX									XXX

NONE

	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						
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	21 Direct and Assumed	22 Ceded			
1. Prior.....													
2. 2011.....													
3. 2012.....													
4. 2013.....													
5. 2014.....													
6. 2015.....													
7. 2016.....													
8. 2017.....													
9. 2018.....													
10. 2019.....													
11. 2020.....													
12. Totals													

NONE

	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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2011.....											
3. 2012.....											
4. 2013.....											
5. 2014.....											
6. 2015.....											
7. 2016.....											
8. 2017.....											
9. 2018.....											
10. 2019.....											
11. 2020.....											
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 11 - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12	
	1 Direct and Assumed	2 Ceded	3 Net (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)	Number of Claims Reported Direct and Assumed	
				4	5	6	7	8	9				
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior.....	XXX	XXX	XXX		2						(2)	XXX	
2. 2019.....	121	29	92	58	6			2				54	XXX
3. 2020.....	123	26	97	40	1			3				42	XXX
4. Totals.....	XXX	XXX	XXX	98	9			5				94	XXX

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24	25
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior													
2. 2019													
3. 2020	3		1						1		1	5	1
4. Totals	3		1						1		1	5	1

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred /Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2019	60	6	54	49.6	20.7	58.7					
3. 2020	48	1	47	39.0	3.8	48.5				4	1
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	4	1

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12
	1 Direct and Assumed	2 Ceded	3 Net (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)	Number of Claims Reported Direct and Assumed
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior.....	XXX	XXX	XXX		37						(37)	XXX
2. 2019.....	365	42	323	250	6			17		23	261	101
3. 2020.....	366	35	331	197				19		12	216	71
4. Totals	XXX	XXX	XXX	447	43			36		35	440	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						
	13	14	15	16	17	18	19	20	21	22			
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	(5)		2								5	(3)	
2. 2019	(3)		4						1		5	2	
3. 2020	(5)		16				2	1	2		14	14	3
4. Totals	(13)		22				2	1	3		24	13	3

	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	(3)	
2. 2019.....	269	6	263	73.7	14.3	81.4				1	1
3. 2020.....	231	1	230	63.1	2.9	69.5				11	3
4. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX	9	4

Schedule P - Part 1K - Fidelity/Surety

N O N E

Schedule P - Part 1L - Other (Including Credit, Accident and Health)

N O N E

Schedule P - Part 1M - International

N O N E

Schedule P - Part 1N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 1O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 1P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 1R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 1R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 1S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 1T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....	77	61	47	45	49	48	48	48	49	41	(8)	(7)
2. 2011.....	725	714	717	707	710	710	710	710	710	707	(3)	(3)
3. 2012.....	XXX	537	505	499	503	503	513	513	513	512	(1)	(1)
4. 2013.....	XXX	XXX	756	743	746	740	741	737	737	736	(1)	(1)
5. 2014.....	XXX	XXX	XXX	676	655	658	661	663	663	663		
6. 2015.....	XXX	XXX	XXX	XXX	547	524	532	532	532	532		
7. 2016.....	XXX	XXX	XXX	XXX	XXX	694	694	710	700	696	(4)	(14)
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	664	662	666	652	(14)	(10)
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	498	494	496	2	(2)
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	489	494	5	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	490	XXX	XXX
12. Totals											(24)	(38)

SCHEDULE P - PART 2B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	210	176	147	157	157	159	159	159	159	159		
2. 2011.....	449	456	445	436	444	437	437	436	436	436		
3. 2012.....	XXX	448	467	445	434	438	439	439	439	439		
4. 2013.....	XXX	XXX	368	391	355	345	346	348	348	347	(1)	(1)
5. 2014.....	XXX	XXX	XXX	294	329	307	306	310	308	308		(2)
6. 2015.....	XXX	XXX	XXX	XXX	285	342	353	348	346	344	(2)	(4)
7. 2016.....	XXX	XXX	XXX	XXX	XXX	300	369	354	340	339	(1)	(15)
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	345	409	396	379	(17)	(30)
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	272	254	243	(11)	(29)
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	277	260	(17)	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	214	XXX	XXX
12. Totals											(49)	(81)

SCHEDULE P - PART 2C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS),
BOILER AND MACHINERY)

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	13	5	8	7	7	7	7	7	7	7		
2. 2011.....	11	9	12	8	8	8	8	8	8	8		
3. 2012.....	XXX	12	8	5	4	4	4	4	4	4		
4. 2013.....	XXX	XXX	9	5	2	1	1	1	1	1		
5. 2014.....	XXX	XXX	XXX	17	13	9	8	8	8	8		
6. 2015.....	XXX	XXX	XXX	XXX	11	9	6	5	5	5		
7. 2016.....	XXX	XXX	XXX	XXX	XXX	11	18	14	4	4		(10)
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	11	9	6	5	(1)	(4)
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17	7	7		(10)
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	4	3	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	XXX
12. Totals											2	(24)

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2011	2 2012	3 2013	4 2014	5 2015	6 2016	7 2017	8 2018	9 2019	10 2020	11 One Year	12 Two Year
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13	2		(2)	(13)
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	53	52	(1)	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	43	XXX	XXX
4. Totals											(3)	(13)

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	13		(38)	(38)	(51)
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	243	245	2	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	209	XXX	XXX
4. Totals											(36)	(51)

SCHEDULE P - PART 2K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
4. Totals												

SCHEDULE P - PART 2M - INTERNATIONAL

1. Prior.....												
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
12. Totals												

Schedule P - Part 2N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 2O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 2P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 2T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

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	2	3	4	5	6	7	8	9	10		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	.000	.22	.38	.45	.49	.48	.48	.49	.49	.41	.7	
2. 2011.....	579	694	707	706	709	709	709	710	710	707	295	154
3. 2012.....	XXX	430	478	491	500	500	513	513	513	512	164	118
4. 2013.....	XXX	XXX	609	726	730	734	741	737	737	736	112	79
5. 2014.....	XXX	XXX	XXX	567	625	651	654	663	663	663	113	84
6. 2015.....	XXX	XXX	XXX	XXX	423	506	515	532	532	532	73	56
7. 2016.....	XXX	XXX	XXX	XXX	XXX	575	678	685	689	694	79	71
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	579	641	655	652	80	58
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	438	481	487	53	38
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	416	468	61	46
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	401	45	13

SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	.000	.98	125	148	157	159	159	159	159	159	2	
2. 2011.....	216	321	382	414	425	430	431	436	436	436	85	65
3. 2012.....	XXX	199	344	402	426	436	439	439	439	439	80	63
4. 2013.....	XXX	XXX	180	289	325	340	346	346	346	347	88	66
5. 2014.....	XXX	XXX	XXX	154	244	279	299	306	308	308	79	71
6. 2015.....	XXX	XXX	XXX	XXX	140	238	322	340	343	344	66	67
7. 2016.....	XXX	XXX	XXX	XXX	XXX	162	274	314	334	337	60	70
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	179	304	365	377	53	55
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	136	210	222	41	39
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	125	205	41	36
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83	37	8

SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX	XXX							
7. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX						
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

NONE

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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	2	3	4	5	6	7	8	9	10		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....	.000										XXX	XXX
2. 2011.....											XXX	XXX
3. 2012.....	XXX										XXX	XXX
4. 2013.....	XXX	XXX									XXX	XXX
5. 2014.....	XXX	XXX	XXX								XXX	XXX
6. 2015.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2016.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	.000	4	6	7	7	7	7	7	7	7		
2. 2011.....	1	6	7	8	8	8	8	8	8	8	1	1
3. 2012.....	XXX	5	4	4	4	4	4	4	4	4		
4. 2013.....	XXX	XXX	1	1	1	1	1	1	1	1		
5. 2014.....	XXX	XXX	XXX	7	7	8	8	8	8	8	1	
6. 2015.....	XXX	XXX	XXX	XXX	2	5	5	5	5	5	1	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	1	1	1	4	4		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1	2	5	5	1	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			7		
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		3		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....	.000											
2. 2011.....												
3. 2012.....	XXX											
4. 2013.....	XXX	XXX										
5. 2014.....	XXX	XXX	XXX									
6. 2015.....	XXX	XXX	XXX	XXX								
7. 2016.....	XXX	XXX	XXX	XXX	XXX							
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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	2	3	4	5	6	7	8	9	10		
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020		
1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	2		XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	50	52	XXX	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39	XXX	XXX

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000	2	(35)		
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232	244	83	18
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	197	60	8

SCHEDULE P - PART 3K - FIDELITY/SURETY

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.000			XXX	XXX
2. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
3. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior.....	.000										XXX	XXX
2. 2011.....											XXX	XXX
3. 2012.....	XXX										XXX	XXX
4. 2013.....	XXX	XXX									XXX	XXX
5. 2014.....	XXX	XXX	XXX								XXX	XXX
6. 2015.....	XXX	XXX	XXX	XXX							XXX	XXX
7. 2016.....	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

Schedule P - Part 3N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 3O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 3P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 3R - Section 1 - Product Liability - Occurrence

N O N E

Schedule P - Part 3R - Section 2 - Product Liability - Claims-Made

N O N E

Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 3T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 4A - HOMEOWNERS/FARMOWNERS

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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	17	7								
2. 2011.....	60	13	6							
3. 2012.....	XXX	62	13	6						
4. 2013.....	XXX	XXX	60	14	10					
5. 2014.....	XXX	XXX	XXX	43	15	5				
6. 2015.....	XXX	XXX	XXX	XXX	57	11	4			
7. 2016.....	XXX	XXX	XXX	XXX	XXX	47	11	4		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	47	9	5	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	35	11	5
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37	10
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	41

SCHEDULE P - PART 4B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior.....	78	12								
2. 2011.....	105	45	13							
3. 2012.....	XXX	85	48	14						
4. 2013.....	XXX	XXX	83	53	12					
5. 2014.....	XXX	XXX	XXX	63	35	9				
6. 2015.....	XXX	XXX	XXX	XXX	55	35	9			
7. 2016.....	XXX	XXX	XXX	XXX	XXX	59	38	12		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	70	43	10	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	70	21	10
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	77	19
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	73

SCHEDULE P - PART 4C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4D - WORKERS' COMPENSATION
(EXCLUDING EXCESS WORKERS' COMPENSATION)

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4E - COMMERCIAL MULTIPLE PERIL

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 4F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE

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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XX	XX					
8. 2017.....	XXX	XXX	XX	XX	XX	XX				
9. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XX	XX					
8. 2017.....	XXX	XXX	XX	XX	XX	XX				
9. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior.....	12	1								
2. 2011.....	6	3	1							
3. 2012.....	XXX	6	4	1						
4. 2013.....	XXX	XXX	6	4	1					
5. 2014.....	XXX	XXX	XXX	7	4	1				
6. 2015.....	XXX	XXX	XXX	XXX	8	4	1			
7. 2016.....	XXX	XXX	XXX	XXX	XXX	9	5	1		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	9	5	1	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	10		
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	1
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SCHEDULE P - PART 4H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XX	XX					
8. 2017.....	XXX	XXX	XX	XX	XX	XX				
9. 2018.....	XXX	XXX	XX	XXX	XXX	XX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

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	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6	1	
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX	23	8	2
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	19	4
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
3. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4M - INTERNATIONAL

1. Prior										
2. 2011										
3. 2012	XXX									
4. 2013	XXX	XXX								
5. 2014	XXX	XXX	XXX							
6. 2015	XXX	XXX	XXX	XXX						
7. 2016	XXX	XXX	XXX	XXX	XXX					
8. 2017	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

Schedule P - Part 4N - Reinsurance - Nonproportional Assumed Property

N O N E

Schedule P - Part 4O - Reinsurance - Nonproportional Assumed Liability

N O N E

Schedule P - Part 4P - Reinsurance - Nonproportional Assumed Financial Lines

N O N E

Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

N O N E

Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

N O N E

Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

N O N E

Schedule P - Part 4T - Warranty

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	29	3	1	1	2					
2. 2011.....	243	291	293	294	295	295	295	295	295	295
3. 2012.....	XXX	141	162	163	164	164	164	164	164	164
4. 2013.....	XXX	XXX	91	111	112	112	112	112	112	112
5. 2014.....	XXX	XXX	XXX	91	111	112	113	113	113	113
6. 2015.....	XXX	XXX	XXX	XXX	56	72	73	73	73	73
7. 2016.....	XXX	XXX	XXX	XXX	XXX	62	78	79	79	79
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	66	79	80	80
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46	52	53
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	49	61
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	45

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	2	1	1							
2. 2011.....	40	2								
3. 2012.....	XXX	19	1							
4. 2013.....	XXX	XXX	21	1	1	1				
5. 2014.....	XXX	XXX	XXX	26	1	1				
6. 2015.....	XXX	XXX	XXX	XXX	18	1				
7. 2016.....	XXX	XXX	XXX	XXX	XXX	19	1	1		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	14			
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6		
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	1
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	21	3	2		2					
2. 2011.....	415	445	447	448	449	449	449	449	449	449
3. 2012.....	XXX	266	280	281	282	282	282	282	282	282
4. 2013.....	XXX	XXX	176	191	192	192	191	191	191	191
5. 2014.....	XXX	XXX	XXX	187	196	197	197	197	197	197
6. 2015.....	XXX	XXX	XXX	XXX	119	129	129	129	129	129
7. 2016.....	XXX	XXX	XXX	XXX	XXX	140	150	151	150	150
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	130	137	138	138
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	86	90	91
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	108
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	64

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	18	3	(1)							
2. 2011.....	69	82	84	85	85	85	85	85	85	85
3. 2012.....	XXX	65	78	80	80	80	80	80	80	80
4. 2013.....	XXX	XXX	71	87	88	88	88	88	88	88
5. 2014.....	XXX	XXX	XXX	65	77	78	79	79	79	79
6. 2015.....	XXX	XXX	XXX	XXX	50	63	65	66	66	66
7. 2016.....	XXX	XXX	XXX	XXX	XXX	44	57	59	60	60
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	41	51	53	53
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	33	40	41
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	41
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	37

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	7	2								
2. 2011.....	15	3	1	1						
3. 2012.....	XXX	16	4	1	1					
4. 2013.....	XXX	XXX	17	3	1					
5. 2014.....	XXX	XXX	XXX	19	4	2	1			
6. 2015.....	XXX	XXX	XXX	XXX	22	5	1			
7. 2016.....	XXX	XXX	XXX	XXX	XXX	20	4	1		
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	14	3	1	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	9	1	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	8	1
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	6

SECTION 3

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	14	2	(2)	1						
2. 2011.....	137	150	150	151	150	150	150	150	150	150
3. 2012.....	XXX	130	143	143	144	143	143	143	143	143
4. 2013.....	XXX	XXX	138	154	155	154	154	154	154	154
5. 2014.....	XXX	XXX	XXX	140	149	150	151	150	150	150
6. 2015.....	XXX	XXX	XXX	XXX	123	132	133	133	133	133
7. 2016.....	XXX	XXX	XXX	XXX	XXX	117	128	129	130	130
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	99	107	109	108
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	75	80	80
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	74	78
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	51

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P - Part 5C - Commercial Auto/Truck Liability/Medical - Section 3

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2

N O N E

Schedule P-Part 5D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 3

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 1

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 2

N O N E

Schedule P - Part 5E - Commercial Multiple Peril - Section 3

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5F - Medical Professional Liability - Claims-Made - Section 3B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....	1	1	1	1	1	1	1	1	1	1
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX	1	1	1	1	1	1	1
6. 2015.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 2A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....	1									
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX		98					
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3A

Years in Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR END									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....	1		(1)							
2. 2011.....	2	2	2	2	2	2	2	2	2	2
3. 2012.....	XXX	1								
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX	1	99	1	1	1	1	1
6. 2015.....	XXX	XXX	XXX	XXX	1	1	1	1	1	1
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	1	1	1	1
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 5H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5H - Other Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 5R - Products Liability - Occurrence - Section 3A

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 5R - Products Liability - Claims-Made - Section 3B

N O N E

Schedule P - Part 5T - Warranty - Section 1

N O N E

Schedule P - Part 5T - Warranty - Section 2

N O N E

Schedule P - Part 5T - Warranty - Section 3

N O N E

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

N O N E

Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 1
N O N E

Schedule P-Part 6D-Workers' Compensation (Excluding Excess Workers' Compensation)-Section 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX									
11. 2020.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

SECTION 2

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....											
3. 2012.....	XXX										
4. 2013.....	XXX	XXX									
5. 2014.....	XXX	XXX									
6. 2015.....	XXX	XXX									
7. 2016.....	XXX	XXX									
8. 2017.....	XXX	XXX									
9. 2018.....	XXX	XXX									
10. 2019.....	XXX	XXX									
11. 2020.....	XXX	XXX									
12. Totals.....	XXX	XXX									
13. Earned Premiums (Sch P-Pt. 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	77	77	77	77	77	77	77	77	77	77	
3. 2012.....	XXX	80	80	80	80	80	80	80	80	80	
4. 2013.....	XXX	XXX	56	56	56	56	56	56	56	56	
5. 2014.....	XXX	XXX	XXX	59	59	59	59	59	59	59	
6. 2015.....	XXX	XXX	XXX	XXX	60	60	60	60	60	60	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	61	61	61	61	61	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	56	56	56	56	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	42	42	42	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	28	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30	30
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	30
13. Earned Premiums (Sch P-Pt. 1)	77	55	56	59	60	61	56	42	28	30	XXX

SECTION 2A

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE PREMIUMS EARNED CEDED AT YEAR END (\$000 OMITTED)										11 Current Year Premiums Earned
	1	2	3	4	5	6	7	8	9	10	
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	
1. Prior.....											
2. 2011.....	57	57	57	57	57	57	57	57	57	57	
3. 2012.....	XXX	80	80	80	80	80	80	80	80	80	
4. 2013.....	XXX	XXX	36	36	36	36	36	36	36	36	
5. 2014.....	XXX	XXX	XXX	39	39	39	39	39	39	39	
6. 2015.....	XXX	XXX	XXX	XXX	39	39	39	39	39	39	
7. 2016.....	XXX	XXX	XXX	XXX	XXX	37	37	37	37	37	
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	35	35	35	35	
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29	29	29	
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	27	27	
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28	28
12. Totals.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28
13. Earned Premiums (Sch P-Pt. 1)	56	35	36	39	39	37	35	29	27	28	XXX

Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

N O N E

Schedule P - Part 6M - International - Section 1

N O N E

Schedule P - Part 6M - International - Section 2

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 1

N O N E

Schedule P - Part 6N- Reinsurance A - Nonproportional Assumed Property - Section 2

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Liability - Section 1

N O N E

Schedule P - Part 6O - Reinsurance B - Nonproportional Assumed Liability - Section 2

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

N O N E

Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

N O N E

Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	133			843		
2. Private Passenger Auto Liability/ Medical	218			385		
3. Commercial Auto/Truck Liability/ Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	2			1		
10. Other Liability - Claims-Made						
11. Special Property	5			103		
12. Auto Physical Damage	13			339		
13. Fidelity/Surety						
14. Other						
15. International						
16. Reinsurance - Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance - Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance - Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability - Occurrence						
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	371			1,671		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XXX							
6. 2015.....	XXX	XXX	XXX	XXX						
7. 2016.....	XXX	XXX	XXX	XXX	XXX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7A - Section 4 - Primary Loss Sensitive Contracts

N O N E

Schedule P - Part 7A - Section 5 - Primary Loss Sensitive Contracts

N O N E

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS (\$000 OMITTED)

SECTION 1

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	133			843		
2. Private Passenger Auto Liability/Medical	218			385		
3. Commercial Auto/Truck Liability/Medical						
4. Workers' Compensation						
5. Commercial Multiple Peril						
6. Medical Professional Liability - Occurrence						
7. Medical Professional Liability - Claims - Made						
8. Special Liability						
9. Other Liability - Occurrence	2			1		
10. Other Liability - Claims-Made						
11. Special Property	5			103		
12. Auto Physical Damage	13			339		
13. Fidelity/Surety						
14. Other						
15. International						
16. Reinsurance - Nonproportional Assumed Property						
17. Reinsurance - Nonproportional Assumed Liability						
18. Reinsurance - Nonproportional Assumed Financial Lines						
19. Products Liability - Occurrence						
20. Products Liability - Claims-Made						
21. Financial Guaranty/Mortgage Guaranty						
22. Warranty						
23. Totals	371			1,671		

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
1. Prior.....										
2. 2011.....										
3. 2012.....	XXX									
4. 2013.....	XXX	XXX								
5. 2014.....	XXX	XXX	XX							
6. 2015.....	XXX	XXX	XX	XX						
7. 2016.....	XXX	XXX	XX	XXX	XX					
8. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Schedule P - Part 7B - Section 4 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 5 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 6 - Reinsurance Loss Sensitive Contracts
N O N E

Schedule P - Part 7B - Section 7 - Reinsurance Loss Sensitive Contracts
N O N E

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or “ERE”) benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? Yes [] No [X]
If the answer to question 1.1 is “no”, leave the following questions blank. If the answer to question 1.1 is “yes”, please answer the following questions:
- 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?\$
- 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [] No [X]
- 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve? Yes [] No [X]
- 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A - Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2? Yes [] No [] N/A [X]
- 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601 Prior		
1.602 2011		
1.603 2012		
1.604 2013		
1.605 2014		
1.606 2015		
1.607 2016		
1.608 2017		
1.609 2018		
1.610 2019		
1.611 2020		
1.612 Totals		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as “Defense and Cost Containment” and “Adjusting and Other”) reported in compliance with these definitions in this statement? Yes [X] No []
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement? Yes [X] No []
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10? Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33. Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.
Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5. What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity
5.2 Surety
6. Claim count information is reported per claim or per claimant (Indicate which).per claimant.....
If not the same in all years, explain in Interrogatory 7.
- 7.1 The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses? Yes [] No [X]
- 7.2 (An extended statement may be attached.)
.....

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only				
		1	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama	AL				
2.	Alaska	AK				
3.	Arizona	AZ				
4.	Arkansas	AR				
5.	California	CA				
6.	Colorado	CO				
7.	Connecticut	CT				
8.	Delaware	DE				
9.	District of Columbia	DC				
10.	Florida	FL				
11.	Georgia	GA				
12.	Hawaii	HI				
13.	Idaho	ID				
14.	Illinois	IL				
15.	Indiana	IN				
16.	Iowa	IA				
17.	Kansas	KS				
18.	Kentucky	KY				
19.	Louisiana	LA				
20.	Maine	ME				
21.	Maryland	MD				
22.	Massachusetts	MA				
23.	Michigan	MI				
24.	Minnesota	MN				
25.	Mississippi	MS				
26.	Missouri	MO				
27.	Montana	MT				
28.	Nebraska	NE				
29.	Nevada	NV				
30.	New Hampshire	NH				
31.	New Jersey	NJ				
32.	New Mexico	NM				
33.	New York	NY				
34.	North Carolina	NC				
35.	North Dakota	ND				
36.	Ohio	OH				
37.	Oklahoma	OK				
38.	Oregon	OR				
39.	Pennsylvania	PA				
40.	Rhode Island	RI				
41.	South Carolina	SC				
42.	South Dakota	SD				
43.	Tennessee	TN				
44.	Texas	TX				
45.	Utah	UT				
46.	Vermont	VT				
47.	Virginia	VA				
48.	Washington	WA				
49.	West Virginia	WV				
50.	Wisconsin	WI				
51.	Wyoming	WY				
52.	American Samoa	AS				
53.	Guam	GU				
54.	Puerto Rico	PR				
55.	U.S. Virgin Islands	VI				
56.	Northern Mariana Islands	MP				
57.	Canada	CAN				
58.	Aggregate Other Alien	OT				
59.	Total					

NONE

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

















		Responses
MARCH FILING		
1.	Will an actuarial opinion be filed by March 1?	YES
2.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
APRIL FILING		
5.	Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6.	Will Management's Discussion and Analysis be filed by April 1?	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
MAY FILING		
8.	Will this company be included in a combined annual statement which is filed with the NAIC by May 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. 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.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	NO
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
28.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception - Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?.....	NO
APRIL FILING		
29.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
30.	Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
31.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
32.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
33.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
34.	Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
38.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explanations:		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
35.		
36.		
38.		
Bar Codes:		
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Financial Guaranty Insurance Exhibit [Document Identifier 240]	
14.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
15.	Supplement A to Schedule T [Document Identifier 455]	
16.	Trusteed Surplus Statement [Document Identifier 490]	
17.	Premiums Attributed to Protected Cells Exhibit [Document Identifier 385]	
18.	Reinsurance Summary Supplemental Filing [Document Identifier 401]	

ANNUAL STATEMENT FOR THE YEAR 2020 OF THE HOME AND FARM INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19.	Medicare Part D Coverage Supplement [Document Identifier 365]	 1 7 6 3 8 2 0 2 0 3 6 5 0 0 0 0 0
22.	Exceptions to the Reinsurance Attestation Supplement [Document Identifier 400]	 1 7 6 3 8 2 0 2 0 4 0 0 0 0 0 0 0
23.	Bail Bond Supplement [Document Identifier 500]	 1 7 6 3 8 2 0 2 0 5 0 0 0 0 0 0 0
24.	Director and Officer Insurance Coverage Supplement [Document Identifier 505]	 1 7 6 3 8 2 0 2 0 5 0 5 0 0 0 0 0
25.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 1 7 6 3 8 2 0 2 0 2 2 4 0 0 0 0 0
26.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 1 7 6 3 8 2 0 2 0 2 2 5 0 0 0 0 0
27.	Relief from the Requirements for Audit Committees [Document Identifier 226]	 1 7 6 3 8 2 0 2 0 2 2 6 0 0 0 0 0
28.	Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts [Document Identifier 555]	 1 7 6 3 8 2 0 2 0 5 5 5 0 0 0 0 0
29.	Credit Insurance Experience Exhibit [Document Identifier 230]	 1 7 6 3 8 2 0 2 0 2 3 0 0 0 0 0 0
30.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	 1 7 6 3 8 2 0 2 0 3 0 6 0 0 0 0 0
31.	Accident and Health Policy Experience Exhibit [Document Identifier 210]	 1 7 6 3 8 2 0 2 0 2 1 0 0 0 0 0 0
32.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	 1 7 6 3 8 2 0 2 0 2 1 6 0 0 0 0 0
33.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	 1 7 6 3 8 2 0 2 0 2 1 7 0 0 0 0 0
35.	Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 290]	 1 7 6 3 8 2 0 2 0 2 8 0 0 0 0 0 0
36.	Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit [Document Identifier 300]	 1 7 6 3 8 2 0 2 0 3 0 0 0 0 0 0 0
38.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	 1 7 6 3 8 2 0 2 0 2 2 3 0 0 0 0 0

NONE