

The originally filed assumed written and ceded written premium were flipped in the page 4 inset. The assumed, ceded and net written premium are now correct.



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

QUARTERLY STATEMENTAS OF JUNE 30, 2021
OF THE CONDITION AND AFFAIRS OF THE**HOME AND FARM INSURANCE COMPANY**NAIC Group Code 0046 0046 NAIC Company Code 17639 Employer's ID Number 35-1630739
(Current) (Prior)Organized under the Laws of Ohio, State of Domicile or Port of Entry OhioCountry of Domicile United States of AmericaIncorporated/Organized 01/29/1985 Commenced Business 03/05/1985Statutory Home Office One Heritage Place, Piqua, OH, US 45356
(Street and Number) (City or Town, State, Country and Zip Code)Main Administrative Office One Heritage Place, 937-778-5000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Mail Address One Heritage Place, Piqua, OH, US 45356
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)Primary Location of Books and Records One Heritage Place, 937-778-5000
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)Internet Website Address N/AStatutory Statement Contact Craig Allen Curcio, 937-778-5000
(Name) (Area Code) (Telephone Number)
craig.curcio@buckeye-ins.com, 937-778-5019
(E-mail Address) (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 Julie A. Covault
John S. Haldeman II Jean M. Bratton Oyauma M. Garrison
Joe W. DickersonState of Ohio SS: _____
County of Miami

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

John Michael Brooks
PresidentLisa Lyn Wesner
SecretaryJerry Christopher Collins
TreasurerSubscribed and sworn to before me this
day of _____

a. Is this an original filing? Yes [] No [X]
 b. If no,
 1. State the amendment number.....1
 2. Date filed 08/30/2021
 3. Number of pages attached..... 1

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 337,011)	205,150		47,400
1.2 Assumed (written \$ 858,134)	811,831	809,172	1,624,587
1.3 Ceded (written \$ 337,011)	205,150	0	47,400
1.4 Net (written \$ 858,134)	811,831	809,172	1,624,587
DEDUCTIONS:			
2. Losses incurred (current accident year \$ 538,141):			
2.1 Direct	79,818		24,484
2.2 Assumed	533,110	409,215	831,731
2.3 Ceded	79,818	0	24,484
2.4 Net	533,110	409,215	831,731
3. Loss adjustment expenses incurred	50,147	42,432	103,902
4. Other underwriting expenses incurred	300,469	293,101	592,656
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	883,726	744,748	1,528,289
7. Net income of protected cells			
8. Net underwriting gain or (loss) (Line 1 minus Line 6 + Line 7)	(71,895)	64,424	96,298
INVESTMENT INCOME			
9. Net investment income earned	63,385	74,233	144,381
10. Net realized capital gains (losses) less capital gains tax of \$	(6,589)	(2,104)	3,404
11. Net investment gain (loss) (Lines 9 + 10)	56,796	72,129	147,785
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	0	0	0
13. Finance and service charges not included in premiums	1,482		260
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	1,482	0	260
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	(13,617)	136,553	244,343
17. Dividends to policyholders			
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	(13,617)	136,553	244,343
19. Federal and foreign income taxes incurred		10,331	
20. Net income (Line 18 minus Line 19)(to Line 22)	(13,617)	126,222	244,343
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	7,320,649	7,076,667	7,076,667
22. Net income (from Line 20)	(13,617)	126,222	244,343
23. Net transfers (to) from Protected Cell accounts			
24. Change in net unrealized capital gains (losses) less capital gains tax of \$	572	2,150	(14,368)
25. Change in net unrealized foreign exchange capital gain (loss)			(2,150)
26. Change in net deferred income tax		1,386	2,710
27. Change in nonadmitted assets		3,572	(6,319)
28. Change in provision for reinsurance			4,362
29. Change in surplus notes			0
30. Surplus (contributed to) withdrawn from protected cells			
31. Cumulative effect of changes in accounting principles			
32. Capital changes:			
32.1 Paid in			
32.2 Transferred from surplus (Stock Dividend)			
32.3 Transferred to surplus			
33. Surplus adjustments:			
33.1 Paid in	(2)	0	0
33.2 Transferred to capital (Stock Dividend)			
33.3 Transferred from capital			
34. Net remittances from or (to) Home Office			
35. Dividends to stockholders			
36. Change in treasury stock			0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	(6,511)	108,245	243,982
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	7,314,138	7,184,912	7,320,649
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0	0
1401. Proceeds from book of business			0
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0	0