



PROPERTY AND CASUALTY COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2024
OF THE CONDITION AND AFFAIRS OF THE

HOME AND FARM INSURANCE COMPANY

NAIC Group Code 0046 NAIC Company Code 17639 Employer's ID Number 35-1630739
(Current) (Prior)

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 _____, _____ Piqua, OH, US 45356
(Street and Number) _____ (City or Town, State, Country and Zip Code)

Main Administrative Office _____ One Heritage Place
(Street and Number)
Piqua, OH, US 45356 _____, _____ 937-778-5000
(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
(Street and Number)
Piqua, OH, US 45356 _____, _____ 937-778-5000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address N/A

Statutory 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
Tim Hein Jean M. Bratton Oyauma M. Garrison
Joe W. Dickerson John M. Brooks

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
____ day of _____

- a. Is this an original filing?
- b. If no,
 - 1. State the amendment number.....
 - 2. Date filed
 - 3. Number of pages attached.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	6,066,551		6,066,551	6,554,822
2. Stocks (Schedule D):				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	0		0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 425,704 , Schedule E - Part 1), cash equivalents (\$ 391,597 , Schedule E - Part 2) and short-term investments (\$, Schedule DA)	817,305		817,305	202,972
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivable for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	6,883,856	0	6,883,856	6,757,794
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	34,278		34,278	36,666
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	644,556		644,556	611,203
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	308,814		308,814	281,189
15.3 Accrued retrospective premiums (\$) and contracts subject to redetermination (\$)			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	386,219		386,219	369,575
16.2 Funds held by or deposited with reinsured companies	2,000,000		2,000,000	2,000,000
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	28,796		28,796	28,796
18.2 Net deferred tax asset	100,927	5,379	95,548	89,688
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software .....	.4,000	4,000	0	0
21. Furniture and equipment, including health care delivery assets (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	112,173		112,173	127,894
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other-than-invested assets	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	10,503,619	9,379	10,494,240	10,302,805
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	10,503,619	9,379	10,494,240	10,302,805
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	278,177	259,719
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	298,517	343,885
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	58,929	57,312
4. Commissions payable, contingent commissions and other similar charges	66,019	58,549
5. Other expenses (excluding taxes, licenses and fees)	94,135	101,036
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	22,748	19,836
7.1 Current federal and foreign income taxes (including \$ on realized capital gains (losses)) .....	.....	.....
7.2 Net deferred tax liability .....	.....	.....
8. Borrowed money \$ and interest thereon \$ .....	.....	.....
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 1,090,000 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$0 for medical loss ratio rebate per the Public Health Service Act)	1,081,726	1,018,676
10. Advance premium	27,835	28,751
11. Dividends declared and unpaid:		
11.1 Stockholders .....	.....	.....
11.2 Policyholders .....	.....	.....
12. Ceded reinsurance premiums payable (net of ceding commissions)	578,159	530,342
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 20)	312,587	312,587
14. Amounts withheld or retained by company for account of others .....	.....	.....
15. Remittances and items not allocated .....	.....	.....
16. Provision for reinsurance (including \$0 certified) (Schedule F, Part 3, Column 78)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates .....	.....	.....
18. Drafts outstanding .....	.....	.....
19. Payable to parent, subsidiaries and affiliates	176,832	162,064
20. Derivatives	0	0
21. Payable for securities .....	.....	.....
22. Payable for securities lending .....	.....	.....
23. Liability for amounts held under uninsured plans .....	.....	.....
24. Capital notes \$ and interest thereon \$ .....	.....	.....
25. Aggregate write-ins for liabilities	1,518	1,585
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	2,997,182	2,894,342
27. Protected cell liabilities .....	.....	.....
28. Total liabilities (Lines 26 and 27)	2,997,182	2,894,342
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	1,000,000	1,000,000
31. Preferred capital stock .....	.....	.....
32. Aggregate write-ins for other-than-special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	7,454,463	7,454,463
35. Unassigned funds (surplus)	(957,405)	(1,046,000)
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$ ..... ) .....	.....	.....
36.2 shares preferred (value included in Line 31 \$ ..... ) .....	.....	.....
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	7,497,058	7,408,463
38. TOTALS (Page 2, Line 28, Col. 3)	10,494,240	10,302,805
DETAILS OF WRITE-INS		
2501. Ceded commissions in excess of costs	1,518	1,585
2502. .....	.....	.....
2503. .....	.....	.....
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,518	1,585
2901. Additional admitted deferred tax assets	0	0
2902. .....	.....	.....
2903. .....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0
3201. .....	.....	.....
3202. .....	.....	.....
3203. .....	.....	.....
3298. Summary of remaining write-ins for Line 32 from overflow page	0	0
3299. Totals (Lines 3201 through 3203 plus 3298)(Line 32 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
STATEMENT OF INCOME

	1 Current Year	2 Prior Year
UNDERWRITING INCOME		
1. Premiums earned (Part 1, Line 35, Column 4).....	1,989,741	1,828,647
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7)	1,290,260	1,241,037
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1)	98,008	106,262
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2)	693,265	665,020
5. Aggregate write-ins for underwriting deductions	0	0
6. Total underwriting deductions (Lines 2 through 5)	2,081,533	2,012,319
7. Net income of protected cells .....	.....	.....
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7)	(91,792)	(183,672)
INVESTMENT INCOME		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17)	163,049	147,226
10. Net realized capital gains (losses) less capital gains tax of \$ (Exhibit of Capital Gains (Losses))	(2,579)	0
11. Net investment gain (loss) (Lines 9 + 10)	160,470	147,226
OTHER INCOME		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$)	0	0
13. Finance and service charges not included in premiums	8,057	8,080
14. Aggregate write-ins for miscellaneous income	0	0
15. Total other income (Lines 12 through 14)	8,057	8,080
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	76,735	(28,366)
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)	76,735	(28,366)
19. Federal and foreign income taxes incurred .....	.....	.....
20. Net income (Line 18 minus Line 19)(to Line 22)	76,735	(28,366)
CAPITAL AND SURPLUS ACCOUNT		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2)	7,408,463	7,422,455
22. Net income (from Line 20)	76,735	(28,366)
23. Net transfers (to) from Protected Cell accounts .....	.....	.....
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$	0	0
25. Change in net unrealized foreign exchange capital gain (loss) .....	.....	.....
26. Change in net deferred income tax	(15,450)	4,381
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3)	27,310	9,993
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1)	0	0
29. Change in surplus notes .....	.....	.....
30. Surplus (contributed to) withdrawn from protected cells .....	.....	.....
31. Cumulative effect of changes in accounting principles .....	.....	.....
32. Capital changes:		
32.1 Paid in .....	.....	.....
32.2 Transferred from surplus (Stock Dividend) .....	.....	.....
32.3 Transferred to surplus .....	.....	.....
33. Surplus adjustments:		
33.1 Paid in	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 (Page 3, Lines 36.1 and 36.2, Column 2 minus Column 1)	0	0
37. Aggregate write-ins for gains and losses in surplus	0	0
38. Change in surplus as regards policyholders for the year (Lines 22 through 37)	88,595	(13,992)
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37)	7,497,058	7,408,463
DETAILS OF WRITE-INS		
0501. .....	.....	.....
0502. .....	.....	.....
0503. .....	.....	.....
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0
0599. Totals (Lines 0501 through 0503 plus 0598)(Line 5 above)	0	0
1401. .....	.....	0
1402. .....	.....	.....
1403. .....	.....	.....
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0
3701. .....	.....	.....
3702. .....	.....	.....
3703. .....	.....	.....
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0
3799. Totals (Lines 3701 through 3703 plus 3798)(Line 37 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	2,038,714	1,867,601
2. Net investment income	162,792	155,352
3. Miscellaneous income	8,057	8,080
4. Total (Lines 1 through 3)	2,209,563	2,031,033
5. Benefit and loss related payments	1,333,814	1,261,835
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	786,175	743,461
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	0	0
10. Total (Lines 5 through 9)	2,119,989	2,005,296
11. Net cash from operations (Line 4 minus Line 10)	89,574	25,737
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	968,257	717,651
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	968,257	717,651
13. Cost of investments acquired (long-term only):		
13.1 Bonds	479,920	675,359
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	479,920	675,359
14. Net increase/(decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	488,337	42,292
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	36,422	24,665
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	36,422	24,665
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	614,333	92,694
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	202,972	110,278
19.2 End of period (Line 18 plus Line 19.1)	817,305	202,972

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS EARNED

Line of Business	1 Net Premiums Written per Column 6, Part 1B	2 Unearned Premiums Dec. 31 Prior Year - per Col. 3, Last Year's Part 1	3 Unearned Premiums Dec. 31 Current Year - per Col. 5 Part 1A	4 Premiums Earned During Year (Cols. 1 + 2 - 3)
1. Fire	84,692	51,457	47,193	88,956
2.1 Allied lines	0	0	0	0
2.2 Multiple peril crop	0	0	0	0
2.3 Federal flood	0	0	0	0
2.4 Private crop	0	0	0	0
2.5 Private flood	0	0	0	0
3. Farmowners multiple peril	501,654	266,224	275,245	492,633
4. Homeowners multiple peril	527,008	252,493	300,983	478,518
5.1 Commercial multiple peril (non-liability portion)	0	0	0	0
5.2 Commercial multiple peril (liability portion)	0	0	0	0
6. Mortgage guaranty	0	0	0	0
8. Ocean marine	0	0	0	0
9.1 Inland marine	11,996	5,841	5,689	12,148
9.2 Pet insurance plans	0	0	0	0
10. Financial guaranty	0	0	0	0
11.1 Medical professional liability - occurrence	0	0	0	0
11.2 Medical professional liability - claims-made	0	0	0	0
12. Earthquake	0	0	0	0
13.1 Comprehensive (hospital and medical) individual	0	0	0	0
13.2 Comprehensive (hospital and medical) group	0	0	0	0
14. Credit accident and health (group and individual)	0	0	0	0
15.1 Vision only	0	0	0	0
15.2 Dental only	0	0	0	0
15.3 Disability income	0	0	0	0
15.4 Medicare supplement	0	0	0	0
15.5 Medicaid Title XIX	0	0	0	0
15.6 Medicare Title XVIII	0	0	0	0
15.7 Long-term care	0	0	0	0
15.8 Federal employees health benefits plan	0	0	0	0
15.9 Other health	0	0	0	0
16. Workers' compensation	0	0	0	0
17.1 Other liability - occurrence	562	661	258	965
17.2 Other liability - claims-made	0	0	0	0
17.3 Excess workers' compensation	0	0	0	0
18.1 Products liability - occurrence	0	0	0	0
18.2 Products liability - claims-made	0	0	0	0
19.1 Private passenger auto no-fault (personal injury protection)	12,809	0	0	12,809
19.2 Other private passenger auto liability.....	381,094	199,262	189,555	390,801
19.3 Commercial auto no-fault (personal injury protection)	0	0	0	0
19.4 Other commercial auto liability.....	0	0	0	0
21.1 Private passenger auto physical damage	532,976	242,738	262,803	512,911
21.2 Commercial auto physical damage	0	0	0	0
22. Aircraft (all perils)	0	0	0	0
23. Fidelity	0	0	0	0
24. Surety	0	0	0	0
26. Burglary and theft	0	0	0	0
27. Boiler and machinery	0	0	0	0
28. Credit	0	0	0	0
29. International	0	0	0	0
30. Warranty	0	0	0	0
31. Reinsurance - nonproportional assumed property	0	0	0	0
32. Reinsurance - nonproportional assumed liability	0	0	0	0
33. Reinsurance - nonproportional assumed financial lines	0	0	0	0
34. Aggregate write-ins for other lines of business	0	0	0	0
35. TOTALS	2,052,791	1,018,676	1,081,726	1,989,741
DETAILS OF WRITE-INS				
3401.				
3402.				
3403.				
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1A - RECAPITULATION OF ALL PREMIUMS

Line of Business	1 Amount Unearned (Running One Year or Less from Date of Policy) (a)	2 Amount Unearned (Running More Than One Year from Date of Policy) (a)	3 Earned But Unbilled Premium	4 Reserve for Rate Credits and Retrospective Adjustments Based on Experience	5 Total Reserve for Unearned Premiums Cols. 1 + 2 + 3 + 4
1. Fire	47,193				47,193
2.1 Allied lines					0
2.2 Multiple peril crop					0
2.3 Federal flood					0
2.4 Private crop					0
2.5 Private flood					0
3. Farmowners multiple peril	275,245				275,245
4. Homeowners multiple peril	300,983				300,983
5.1 Commercial multiple peril (non-liability portion)					0
5.2 Commercial multiple peril (liability portion)					0
6. Mortgage guaranty					0
8. Ocean marine					0
9.1 Inland marine	5,689				5,689
9.2 Pet insurance plans					0
10. Financial guaranty					0
11.1 Medical professional liability - occurrence					0
11.2 Medical professional liability - claims-made					0
12. Earthquake					0
13.1 Comprehensive (hospital and medical) individual					0
13.2 Comprehensive (hospital and medical) group					0
14. Credit accident and health (group and individual)					0
15.1 Vision only					0
15.2 Dental only					0
15.3 Disability income					0
15.4 Medicare supplement					0
15.5 Medicaid Title XIX					0
15.6 Medicare Title XVIII					0
15.7 Long-term care					0
15.8 Federal employees health benefits plan					0
15.9 Other health					0
16. Workers' compensation					0
17.1 Other liability - occurrence	258				258
17.2 Other liability - claims-made					0
17.3 Excess workers' compensation					0
18.1 Products liability - occurrence					0
18.2 Products liability - claims-made					0
19.1 Private passenger auto no-fault (personal injury protection)					0
19.2 Other private passenger auto liability	189,555				189,555
19.3 Commercial auto no-fault (personal injury protection)					0
19.4 Other commercial auto liability					0
21.1 Private passenger auto physical damage	262,803				262,803
21.2 Commercial auto physical damage					0
22. Aircraft (all perils)					0
23. Fidelity					0
24. Surety					0
26. Burglary and theft					0
27. Boiler and machinery					0
28. Credit					0
29. International					0
30. Warranty					0
31. Reinsurance - nonproportional assumed property					0
32. Reinsurance - nonproportional assumed liability					0
33. Reinsurance - nonproportional assumed financial lines					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0
35. TOTALS	1,081,726	0	0	0	1,081,726
36. Accrued retrospective premiums based on experience					0
37. Earned but unbilled premiums					0
38. Balance (Sum of Line 35 through 37)					1,081,726
DETAILS OF WRITE-INS					
3401.					
3402.					
3403.					
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0

(a) State here basis of computation used in each case Daily pro rata.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 1B - PREMIUMS WRITTEN

Line of Business	Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1+2+3-4-5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire	0	84,692				84,692
2.1 Allied lines	0					0
2.2 Multiple peril crop	0					0
2.3 Federal flood	0					0
2.4 Private crop	0					0
2.5 Private flood	490				490	0
3. Farmowners multiple peril	1,513,578	501,653		1,270,539	243,038	501,654
4. Homeowners multiple peril	0	527,008				527,008
5.1 Commercial multiple peril (non-liability portion)	0					0
5.2 Commercial multiple peril (liability portion)	0					0
6. Mortgage guaranty	0					0
8. Ocean marine	0					0
9.1 Inland marine	7,479	11,997		7,480		11,996
9.2 Pet insurance plans	0					0
10. Financial guaranty	0					0
11.1 Medical professional liability - occurrence	0					0
11.2 Medical professional liability - claims-made	0					0
12. Earthquake	0					0
13.1 Comprehensive (hospital and medical) individual	0					0
13.2 Comprehensive (hospital and medical) group	0					0
14. Credit accident and health (group and individual)	0					0
15.1 Vision only	0					0
15.2 Dental only	0					0
15.3 Disability income	0					0
15.4 Medicare supplement	0					0
15.5 Medicaid Title XIX	0					0
15.6 Medicare Title XVIII	0					0
15.7 Long-term care	0					0
15.8 Federal employees health benefits plan	0					0
15.9 Other health	0					0
16. Workers' compensation	0					0
17.1 Other liability - occurrence	0	562				562
17.2 Other liability - claims-made	0					0
17.3 Excess workers' compensation	0					0
18.1 Products liability - occurrence	0					0
18.2 Products liability - claims-made	0					0
19.1 Private passenger auto no-fault (personal injury protection)	0	12,809				12,809
19.2 Other private passenger auto liability	297,337	381,094		240,366	56,971	381,094
19.3 Commercial auto no-fault (personal injury protection)	0					0
19.4 Other commercial auto liability	0					0
21.1 Private passenger auto physical damage	430,418	532,975		379,331	51,086	532,976
21.2 Commercial auto physical damage	0					0
22. Aircraft (all perils)	0					0
23. Fidelity	0					0
24. Surety	0					0
26. Burglary and theft	0					0
27. Boiler and machinery	0					0
28. Credit	0					0
29. International	0					0
30. Warranty	0					0
31. Reinsurance - nonproportional assumed property	XXX					0
32. Reinsurance - nonproportional assumed liability	XXX					0
33. Reinsurance - nonproportional assumed financial lines	XXX					0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0
35. TOTALS	2,249,302	2,052,790	0	1,897,716	351,585	2,052,791
DETAILS OF WRITE-INS						
3401.						
3402.						
3403.						
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0

(a) Does the company's direct premiums written include premiums recorded on an installment basis? Yes [] No [X]

If yes: 1. The amount of such installment premiums \$

2. Amount at which such installment premiums would have been reported had they been reported on an annualized basis \$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - LOSSES PAID AND INCURRED

Line of Business	Losses Paid Less Salvage				5	6	7	8
	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Recovered	4 Net Payments (Cols. 1 + 2 - 3)				
1. Fire	0	46,914		46,914	16,007	2,088	60,833	68.4
2.1 Allied lines	0			0	0	0	0	0.0
2.2 Multiple peril crop	0			0	0	0	0	0.0
2.3 Federal flood	0			0	0	0	0	0.0
2.4 Private crop	0			0	0	0	0	0.0
2.5 Private flood	0			0	0	0	0	0.0
3. Farmowners multiple peril	785,002	362,115	785,002	362,115	44,997	32,771	374,341	76.0
4. Homeowners multiple peril	0	263,321		263,321	42,648	53,186	252,783	52.8
5.1 Commercial multiple peril (non-liability portion)	0			0	0	0	0	0.0
5.2 Commercial multiple peril (liability portion)	0			0	0	0	0	0.0
6. Mortgage guaranty	0			0	0	0	0	0.0
8. Ocean marine	0			0	0	0	0	0.0
9.1 Inland marine	0	2,180		2,180	154	154	2,180	17.9
9.2 Pet insurance plans	0			0	0	0	0	0.0
10. Financial guaranty	0			0	0	0	0	0.0
11.1 Medical professional liability - occurrence	0			0	0	0	0	0.0
11.2 Medical professional liability - claims-made	0			0	0	0	0	0.0
12. Earthquake	0			0	0	0	0	0.0
13.1 Comprehensive (hospital and medical) individual	0			0	0	0	0	0.0
13.2 Comprehensive (hospital and medical) group	0			0	0	0	0	0.0
14. Credit accident and health (group and individual)	0			0	0	0	0	0.0
15.1 Vision only	0			0	0	0	0	0.0
15.2 Dental only	0			0	0	0	0	0.0
15.3 Disability income	0			0	0	0	0	0.0
15.4 Medicare supplement	0			0	0	0	0	0.0
15.5 Medicaid Title XIX	0			0	0	0	0	0.0
15.6 Medicare Title XVIII	0			0	0	0	0	0.0
15.7 Long-term care	0			0	0	0	0	0.0
15.8 Federal employees health benefits plan	0			0	0	0	0	0.0
15.9 Other health	0			0	0	0	0	0.0
16. Workers' compensation	0			0	0	0	0	0.0
17.1 Other liability - occurrence	0	2,500		2,500	3,831	6,562	(231)	(23.9)
17.2 Other liability - claims-made	0			0	0	0	0	0.0
17.3 Excess workers' compensation	0			0	0	0	0	0.0
18.1 Products liability - occurrence	0			0	0	0	0	0.0
18.2 Products liability - claims-made	0			0	0	0	0	0.0
19.1 Private passenger auto no-fault (personal injury protection)	0	11,281		11,281	4,263	4,941	10,603	82.8
19.2 Other private passenger auto liability	152,672	223,299	152,672	223,299	156,568	151,395	228,472	58.5
19.3 Commercial auto no-fault (personal injury protection)	0			0	0	0	0	0.0
19.4 Other commercial auto liability	0			0	0	0	0	0.0
21.1 Private passenger auto physical damage	262,242	360,192	262,242	360,192	9,709	8,622	361,279	70.4
21.2 Commercial auto physical damage	0			0	0	0	0	0.0
22. Aircraft (all perils)	0			0	0	0	0	0.0
23. Fidelity	0			0	0	0	0	0.0
24. Surety	0			0	0	0	0	0.0
26. Burglary and theft	0			0	0	0	0	0.0
27. Boiler and machinery	0			0	0	0	0	0.0
28. Credit	0			0	0	0	0	0.0
29. International	0			0	0	0	0	0.0
30. Warranty	0			0	0	0	0	0.0
31. Reinsurance - nonproportional assumed property	XXX			0	0	0	0	0.0
32. Reinsurance - nonproportional assumed liability	XXX			0	0	0	0	0.0
33. Reinsurance - nonproportional assumed financial lines	XXX			0	0	0	0	0.0
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0.0
35. TOTALS	1,199,916	1,271,802	1,199,916	1,271,802	278,177	259,719	1,290,260	64.8
DETAILS OF WRITE-INS								
3401.								
3402.								
3403.								
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0.0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - UNPAID LOSSES AND LOSS ADJUSTMENT EXPENSES

Line of Business	Reported Losses				Incurred But Not Reported			8	9
	1 Direct	2 Reinsurance Assumed	3 Deduct Reinsurance Recoverable	4 Net Losses Excl. Incurred But Not Reported (Cols. 1 + 2 - 3)	5 Direct	6 Reinsurance Assumed	7 Reinsurance Ceded		
1. Fire		15,947		15,947		60		16,007	1,743
2.1 Allied lines				0				0	
2.2 Multiple peril crop				0				0	
2.3 Federal flood				0				0	
2.4 Private crop				0				0	
2.5 Private flood				0				0	
3. Farmowners multiple peril	10,000	27,385	10,000	27,385	117,000	17,612	117,000	44,997	10,262
4. Homeowners multiple peril		22,529		22,529		20,119		42,648	7,186
5.1 Commercial multiple peril (non-liability portion)				0				0	
5.2 Commercial multiple peril (liability portion)				0				0	
6. Mortgage guaranty				0				0	
8. Ocean marine				0				0	
9.1 Inland marine				0		154		154	
9.2 Pet insurance plans				0				0	
10. Financial guaranty				0				0	
11.1 Medical professional liability - occurrence				0				0	
11.2 Medical professional liability - claims-made				0				0	
12. Earthquake				0				0	
13.1 Comprehensive (hospital and medical) individual				0				(a)	0
13.2 Comprehensive (hospital and medical) group				0				(a)	0
14. Credit accident and health (group and individual)				0				0	
15.1 Vision only				0				(a)	0
15.2 Dental only				0				(a)	0
15.3 Disability income				0				(a)	0
15.4 Medicare supplement				0				(a)	0
15.5 Medicaid Title XIX				0				(a)	0
15.6 Medicare Title XVIII				0				(a)	0
15.7 Long-term care				0				(a)	0
15.8 Federal employees health benefits plan				0				(a)	0
15.9 Other health				0				(a)	0
16. Workers' compensation				0				0	
17.1 Other liability - occurrence		19		19		3,812		3,831	218
17.2 Other liability - claims-made				0				0	
17.3 Excess workers' compensation				0				0	
18.1 Products liability - occurrence				0				0	
18.2 Products liability - claims-made				0				0	
19.1 Private passenger auto no-fault (personal injury protection)		1,544		1,544		2,719		4,263	897
19.2 Other private passenger auto liability	148,000	117,005	148,000	117,005	105,000	39,563	105,000	156,568	32,217
19.3 Commercial auto no-fault (personal injury protection)				0				0	
19.4 Other commercial auto liability				0				0	
21.1 Private passenger auto physical damage	9,900	(17,257)	9,900	(17,257)		26,966		9,709	6,406
21.2 Commercial auto physical damage				0				0	
22. Aircraft (all perils)				0				0	
23. Fidelity				0				0	
24. Surety				0				0	
26. Burglary and theft				0				0	
27. Boiler and machinery				0				0	
28. Credit				0				0	
29. International				0				0	
30. Warranty				0				0	
31. Reinsurance - nonproportional assumed property	XXX			0	XXX			0	
32. Reinsurance - nonproportional assumed liability	XXX			0	XXX			0	
33. Reinsurance - nonproportional assumed financial lines	XXX			0	XXX			0	
34. Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0
35. TOTALS	167,900	167,172	167,900	167,172	222,000	111,005	222,000	278,177	58,929
DETAILS OF WRITE-INS									
3401.									
3402.									
3403.									
3498. Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0
3499. Totals (Lines 3401 through 3403 plus 3498)(Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ for present value of life indemnity claims reported in Lines 13 and 15.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - EXPENSES

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
1. Claim adjustment services:				
1.1 Direct	5,671			5,671
1.2 Reinsurance assumed	17,799			17,799
1.3 Reinsurance ceded	5,671			5,671
1.4 Net claim adjustment service (1.1 + 1.2 - 1.3)	17,799	0	0	17,799
2. Commission and brokerage:				
2.1 Direct excluding contingent		330,734		330,734
2.2 Reinsurance assumed, excluding contingent		260,945		260,945
2.3 Reinsurance ceded, excluding contingent		330,734		330,734
2.4 Contingent - direct		29,241		29,241
2.5 Contingent - reinsurance assumed		41,286		41,286
2.6 Contingent - reinsurance ceded		29,241		29,241
2.7 Policy and membership fees				0
2.8 Net commission and brokerage (2.1 + 2.2 - 2.3 + 2.4 + 2.5 - 2.6 + 2.7)	0	302,231	0	302,231
3. Allowances to managers and agents		2,252		2,252
4. Advertising		5,505		5,505
5. Boards, bureaus and associations		19,689		19,689
6. Surveys and underwriting reports		22,677		22,677
7. Audit of assureds' records				0
8. Salary and related items:				
8.1 Salaries	43,114	145,754	1,038	189,906
8.2 Payroll taxes	3,209	9,530	66	12,805
9. Employee relations and welfare	4,399	11,569	64	16,032
10. Insurance	8,761	23,869	289	32,919
11. Directors' fees	3,426	10,003	0	13,429
12. Travel and travel items	1,696	4,696	49	6,441
13. Rent and rent items	4,375	17,499	0	21,874
14. Equipment	77	226	0	303
15. Cost or depreciation of EDP equipment and software	8,021	23,417	408	31,846
16. Printing and stationery	1,391	4,060	118	5,569
17. Postage, telephone and telegraph, exchange and express	1,740	5,081	126	6,947
18. Legal and auditing		36,529		36,529
19. Totals (Lines 3 to 18)	80,209	342,356	2,158	424,723
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$		40,345		40,345
20.2 Insurance department licenses and fees		7,459		7,459
20.3 Gross guaranty association assessments		179		179
20.4 All other (excluding federal and foreign income and real estate)				0
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4)	0	47,983	0	47,983
21. Real estate expenses				0
22. Real estate taxes				0
23. Reimbursements by uninsured plans				0
24. Aggregate write-ins for miscellaneous expenses	0	695	19,121	19,816
25. Total expenses incurred	98,008	693,265	21,279	812,552
26. Less unpaid expenses - current year	58,929	182,894		241,823
27. Add unpaid expenses - prior year	57,312	179,415		236,727
28. Amounts receivable relating to uninsured plans, prior year				0
29. Amounts receivable relating to uninsured plans, current year				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29)	96,391	689,786	21,279	807,456
DETAILS OF WRITE-INS				
2401. Miscellaneous		(68)		(68)
2402. Contributions		763		763
2403. Investment and Banking Fees			19,121	19,121
2498. Summary of remaining write-ins for Line 24 from overflow page	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	0	695	19,121	19,816

(a) Includes management fees of \$ 206,400 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds		(a) 22,501	23,551
1.1 Bonds exempt from U.S. tax		(a) 1,643	684
1.2 Other bonds (unaffiliated)		(a) 140,637	138,157
1.3 Bonds of affiliates		(a) .....	..
2.1 Preferred stocks (unaffiliated)		(b) .....	..
2.11 Preferred stocks of affiliates		(b) .....	..
2.2 Common stocks (unaffiliated)		(c) .....	..
2.21 Common stocks of affiliates		(d) .....	..
3. Mortgage loans		(e) .....	..
4. Real estate		(f) .....	..
5. Contract loans		(g) .....	..
6. Cash, cash equivalents and short-term investments		(h) .....	..
7. Derivative instruments		(i) .....	..
8. Other invested assets		0	0
9. Aggregate write-ins for investment income		0	0
10. Total gross investment income		186,717	184,328
11. Investment expenses		(g) 21,279	
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 0	0
13. Interest expense		(h) .....	..
14. Depreciation on real estate and other invested assets		(i) .....	..
15. Aggregate write-ins for deductions from investment income		0	0
16. Total deductions (Lines 11 through 15)		21,279	
17. Net investment income (Line 10 minus Line 16)		163,049	
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page		0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)		0	0
1501.			
1502.			
1503.			
1598. Summary of remaining write-ins for Line 15 from overflow page		0	0
1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15, above)		0	0

(a) Includes \$ 21,024 accrual of discount less \$ 18,379 amortization of premium and less \$ 2,817 paid for accrued interest on purchases.

(b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.

(c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.

(d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.

(e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.

(g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.

(h) Includes \$ interest on surplus notes and \$ interest on capital notes.

(i) Includes \$ 0 depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(864)	0	(864)	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	(1,714)	0	(1,714)	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	(2,578)	0	(2,578)	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			0
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)			0
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums and contracts subject to redetermination			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	5,379	26,689	21,310
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software	4,000	10,000	6,000
21. Furniture and equipment, including health care delivery assets			0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivables from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable			0
25. Aggregate write-ins for other-than-invested assets	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	9,379	36,689	27,310
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	9,379	36,689	27,310
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0
2501.			
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0

NOTES TO FINANCIAL STATEMENTS

NOTE 1 Summary of Significant Accounting Policies and Going Concern
A. Accounting Practices

The accompanying financial statements of the Home and Farm Insurance Company have been prepared on the basis of accounting practices prescribed or permitted by the Ohio Insurance Department.

The state of Ohio requires insurance companies domiciled in the state of Ohio to prepare their statutory financial statements in accordance with the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Ohio Insurance Department

	SSAP #	F/S Page	F/S Line #	2024	2023
NET INCOME					
(1) State basis (Page 4, Line 20, Columns 1 & 2)	XXX	XXX	XXX	\$ 76,735	\$ (28,366)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ 76,735	\$ (28,366)
SURPLUS					
(5) State basis (Page 3, Line 37, Columns 1 & 2)	XXX	XXX	XXX	\$ 7,497,058	\$ 7,408,463
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 7,497,058	\$ 7,408,463

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses. It also requires estimates in the disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

C. Accounting Policy

Premiums are earned over the terms of the related policies and reinsurance contracts. Unearned premiums are established to cover the unexpired portion of premiums written. Such reserves are computed by pro rata methods for direct business and are based on reports received from ceding companies for reinsurance assumed. Expenses incurred in connection with acquiring new insurance business, including acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

(1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

(2) Basis for Bonds and Amortization Schedule

Bonds not backed by other loans are stated at amortized value using the interest method. Non-investment grade bonds are stated at the lower of amortized value or fair value.

(3) Basis for Common Stocks

Common stocks, other than investments in stocks of subsidiaries and affiliates, are stated at market.

(4) Basis for Preferred Stocks

Redeemable preferred stocks are stated at amortized value. Perpetual preferred stocks are stated at fair value. Non-investment grade preferred stocks are stated at the lower of amortized value or fair value.

(5) Basis for Mortgage Loans

The Company does not have any mortgage loans.

(6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed securities are stated at amortized value. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized value or fair value.

(7) Accounting Policies for Investments in Subsidiaries, Controlled and Affiliated Entities

Insurance subsidiary (Home and Farm Insurance Company, a subsidiary of Buckeye State Mutual Insurance Company) is stated at statutory equity value. Non-insurance subsidiary Hetuck Insurance Agency, Inc is stated at statutory equity value.

(8) Accounting Policies for Investments in Joint Ventures, Partnerships and Limited Liability Entities

The Company does not have any joint ventures or partnerships.

(9) Accounting Policies for Derivatives

The Company does not carry any derivatives.

(10) Anticipated Investment Income Used in Premium Deficiency Calculation

The Company does not anticipate investment income as a factor in premium deficiency calculations.

(11) Management's Policies and Methodologies for Estimating Liabilities for Losses and Loss/Claim Adjustment Expenses

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports, and an amount based on past experience for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates, and while management believes the amount is adequate, the ultimate liability may be in excess or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

(12) Changes in the Capitalization Policy and Predefined Thresholds from Prior Period

The Company has not modified its capitalization policy from the prior period.

(13) Method Used to Estimate Pharmaceutical Rebate Receivables

Not applicable

D. Going Concern

Not applicable

NOTE 2 Accounting Changes and Corrections of Errors

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

NOTES TO FINANCIAL STATEMENTS

NOTE 3 Business Combinations and Goodwill

- A. Statutory Purchase Method
Not applicable
- B. Statutory Merger
Not applicable
- C. Impairment Loss
Not applicable
- D. Subcomponents and Calculation of Adjusted Surplus and Total Admitted Goodwill
Not applicable

NOTE 4 Discontinued Operations

Not applicable

NOTE 5 Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans
Not applicable
- B. Debt Restructuring
Not applicable
- C. Reverse Mortgages
Not applicable
- D. Loan-Backed Securities
 - (1) Description of Sources Used to Determine Prepayment assumptions for mortgage-backed

(1) Description of Sources Used to Determine Prepayment Assumptions
Prepayment assumptions for mortgage backed/loan backed and struc

Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from broker-dealer survey values or internal estimates.

	1 Amortized Cost Basis Before Other-than- Temporary Impairment	2 Other-than- Temporary Impairment Recognized in Loss	3 Fair Value 1 - 2
(2) OTTI recognized 1st Quarter			\$ -
a. Intent to sell			\$ -
b. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ -	\$ -	\$ -
c. Total 1st Quarter (a+b)	\$ -	\$ -	\$ -
OTTI recognized 2nd Quarter			\$ -
d. Intent to sell			\$ -
e. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ -	\$ -	\$ -
f. Total 2nd Quarter (d+e)	\$ -	\$ -	\$ -
OTTI recognized 3rd Quarter			\$ -
g. Intent to sell			\$ -
h. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ -	\$ -	\$ -
i. Total 3rd Quarter (g+h)	\$ -	\$ -	\$ -
OTTI recognized 4th Quarter			\$ -
j. Intent to sell			\$ -
k. Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis	\$ -	\$ -	\$ -
l. Total 4th Quarter (j+k)	\$ -	\$ -	\$ -
m. Annual Aggregate Total (c+f+i+l)	\$ -	\$ -	\$ -

(3)						
1	2	3	4	5	6	7
CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at time of OTTI	Date of Financial Statement Where Reported
Total	XXX	XXX	\$ -	XXX	XXX	XXX

(4)

a) The aggregate amount of unrealized losses:

1. Less than 12 Months	\$ (2,411)
2. 12 Months or Longer	\$ (52,517)

b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 228,098
2. 12 Months or Longer	\$ 418,408

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

E. Dollar Repurchase Agreements and/or Securities Lending Transactions
Not applicable

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
Not applicable

NOTES TO FINANCIAL STATEMENTS

H. Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not applicable

J. Real Estate

Not applicable

K. Low Income Housing tax Credits (LIHTC)

Not applicable

L. Restricted Assets

1. Restricted Assets (Including Pledged)

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted					6	7		
	Current Year				5				
	1	2	3	4					
Restricted Asset Category	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/ (Decrease) (5 minus 6)		
a. Subject to contractual obligation for which liability is not shown					\$ -	\$ -	\$ -		
b. Collateral held under security lending agreements					\$ -	\$ -	\$ -		
c. Subject to repurchase agreements					\$ -	\$ -	\$ -		
d. Subject to reverse repurchase agreements					\$ -	\$ -	\$ -		
e. Subject to dollar repurchase agreements					\$ -	\$ -	\$ -		
f. Subject to dollar reverse repurchase agreements					\$ -	\$ -	\$ -		
g. Placed under option contracts					\$ -	\$ -	\$ -		
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock					\$ -	\$ -	\$ -		
i. FHLB capital stock					\$ -	\$ -	\$ -		
j. On deposit with states	\$ 99,028				\$ 99,028	\$ 98,779	\$ 249		
k. On deposit with other regulatory bodies					\$ -	\$ -	\$ -		
l. Pledged collateral to FHLB (including assets backing funding agreements)					\$ -	\$ -	\$ -		
m. Pledged as collateral not captured in other categories					\$ -	\$ -	\$ -		
n. Other restricted assets					\$ -	\$ -	\$ -		
o. Total Restricted Assets (Sum of a through n)	\$ 99,028	\$ -	\$ -	\$ -	\$ 99,028	\$ 98,779	\$ 249		

(a) Subset of Column 1

(b) Subset of Column 3

Restricted Asset Category	Current Year			
	8	9	Percentage	
			10	11
Restricted Asset Category	Total Non-admitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Non-admitted) Restricted to Total Assets (c)	Admitted Restricted to Total Admitted Assets (d)
a. Subject to contractual obligation for which liability is not shown		\$ -	0.000%	0.000%
b. Collateral held under security lending agreements		\$ -	0.000%	0.000%
c. Subject to repurchase agreements		\$ -	0.000%	0.000%
d. Subject to reverse repurchase agreements		\$ -	0.000%	0.000%
e. Subject to dollar repurchase agreements		\$ -	0.000%	0.000%
f. Subject to dollar reverse repurchase agreements		\$ -	0.000%	0.000%
g. Placed under option contracts		\$ -	0.000%	0.000%
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock		\$ -	0.000%	0.000%
i. FHLB capital stock		\$ -	0.000%	0.000%
j. On deposit with states	\$ 99,028		0.943%	0.944%
k. On deposit with other regulatory bodies		\$ -	0.000%	0.000%
l. Pledged collateral to FHLB (including assets backing funding agreements)		\$ -	0.000%	0.000%
m. Pledged as collateral not captured in other categories		\$ -	0.000%	0.000%
n. Other restricted assets		\$ -	0.000%	0.000%
o. Total Restricted Assets (Sum of a through n)	\$ -	\$ 99,028	0.943%	0.944%

(c) Column 5 divided by Asset Page, Column 1, Line 28

(d) Column 9 divided by Asset Page, Column 3, Line 28

NOTES TO FINANCIAL STATEMENTS

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

Description of Assets	Gross (Admitted & Nonadmitted) Restricted						8	Percentage	
	Current Year					6	7	9	10
	1	2	3	4	5				
Total General Account (G/A)		G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account (S/A) Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets
Total (c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%
									0.000%

(a) Subset of column 1

(b) Subset of column 3

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

3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Description of Assets	Gross (Admitted & Nonadmitted) Restricted						8	Percentage	
	Current Year					6	7	9	10
	1	2	3	4	5				
Total General Account (G/A)		G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account (S/A) Restricted Assets	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)	Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Gross (Admitted & Nonadmitted) Restricted to Total Assets
Total (c)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0.000%
									0.000%

(a) Subset of column 1

(b) Subset of column 3

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

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

Collateral Assets	1 Book/Adjusted Carrying Value (BACV)	2 Fair Value	3 % of BACV to Total Assets (Admitted and Nonadmitted)*	4 % of BACV to Total Admitted Assets **
General Account:				
a. Cash, Cash Equivalents and Short-Term Investments			0.000%	0.000%
b. Schedule D, Part 1			0.000%	0.000%
c. Schedule D, Part 2, Section 1			0.000%	0.000%
d. Schedule D, Part 2, Section 2			0.000%	0.000%
e. Schedule B			0.000%	0.000%
f. Schedule A			0.000%	0.000%
g. Schedule BA, Part 1			0.000%	0.000%
h. Schedule DL, Part 1			0.000%	0.000%
i. Other			0.000%	0.000%
i. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$ -	\$ -	0.000%	0.000%
Protected Cell:				
k. Cash, Cash Equivalents and Short-Term Investments			0.000%	0.000%
l. Schedule D, Part 1			0.000%	0.000%
m. Schedule D, Part 2, Section 1			0.000%	0.000%
m. Schedule D, Part 2, Section 2			0.000%	0.000%
o. Schedule B			0.000%	0.000%
p. Schedule A			0.000%	0.000%
q. Schedule BA, Part 1			0.000%	0.000%
r. Schedule DL, Part 1			0.000%	0.000%
s. Other			0.000%	0.000%
s. Total Collateral Assets (k+l+m+n+o+p+q+r+s)	\$ -	\$ -	0.000%	0.000%

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

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

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

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

M. Working Capital Finance Investments
Not applicable

N. Offsetting and Netting of Assets and Liabilities
Not applicable

O. 5GI Securities
Not applicable

P. Short Sales
Not applicable

1 Amount	2 % of Liability to Total Liabilities *
k. Recognized Obligation to Return Collateral Asset	0.000%
v. Recognized Obligation to Return Collateral Asset (Protected Cell)	0.000%

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

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

NOTES TO FINANCIAL STATEMENTS

Q. Prepayment Penalty and Acceleration Fees

	<u>General Account</u>	<u>Protected Cell</u>
1. Number of CUSIPs		
2. Aggregate Amount of Investment Income		

R. Reporting Entity's Share of Cash Pool by Asset Type
Not applicableS. Aggregate Collateral Loans by Qualifying Investment Collateral
Not applicable**NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies**

Not applicable

NOTE 7 Investment IncomeA. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued:
The Company nonadmits investment income due and accrued if amounts are over 90 days past due.B. The total amount excluded:
None

C. The gross, nonadmitted and admitted amounts for interest income due and accrued.

Interest Income Due and Accrued	<u>Amount</u>
1. Gross	\$ 34,278
2. Nonadmitted	\$ 34,278
3. Admitted	\$ 34,278

D. The aggregate deferred interest.
Not applicableE. The cumulative amounts of paid-in-kind (PIK) interest included in the current principal balance.
Not applicable**NOTE 8 Derivative Instruments**

Not applicable

NOTE 9 Income Taxes

A. The components of the net deferred tax asset/(liability) at the end of current period are as follows:

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
(a) Gross Deferred Tax Assets	\$ 106,945	\$ 3,821	\$ 110,766	\$ 121,973	\$ 3,286	\$ 125,259	\$ (15,028)	\$ 535	\$ (14,493)
(b) Statutory Valuation Allowance Adjustment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ 106,945	\$ 3,821	\$ 110,766	\$ 121,973	\$ 3,286	\$ 125,259	\$ (15,028)	\$ 535	\$ (14,493)
(d) Deferred Tax Assets Nonadmitted	\$ 1,558	\$ 3,821	\$ 5,379	\$ 23,403	\$ 3,286	\$ 26,689	\$ (21,845)	\$ 535	\$ (21,310)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	\$ 105,387	\$ -	\$ 105,387	\$ 98,570	\$ -	\$ 98,570	\$ 6,817	\$ -	\$ 6,817
(f) Deferred Tax Liabilities	\$ 9,839	\$ 9,839	\$ 8,882	\$ 8,882	\$ 8,882	\$ 957	\$ -	\$ -	\$ 957
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 95,548	\$ -	\$ 95,548	\$ 89,688	\$ -	\$ 89,688	\$ 5,860	\$ -	\$ 5,860

	As of End of Current Period			12/31/2023			Change		
	(1) Ordinary	(2) Capital	(3) (Col. 1 + 2) Total	(4) Ordinary	(5) Capital	(6) (Col. 4 + 5) Total	(7) (Col. 1 - 4) Ordinary	(8) (Col. 2 - 5) Capital	(9) (Col. 7 + 8) Total
Admission Calculation Components SSAP No. 101									
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks			\$ -			\$ -	\$ -	\$ -	\$ -
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	\$ 95,548		\$ 95,548	\$ 89,688		\$ 89,688	\$ 5,860	\$ -	\$ 5,860
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ 95,548		\$ 95,548	\$ 89,688		\$ 89,688	\$ 5,860	\$ -	\$ 5,860
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX		XXX	XXX		XXX	XXX	\$ -
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	\$ 9,839		\$ 9,839	\$ 8,882		\$ 8,882	\$ 957	\$ -	\$ 957
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101. Total (2(a) + 2(b) + 2(c))	\$ 105,387	\$ -	\$ 105,387	\$ 98,570	\$ -	\$ 98,570	\$ 6,817	\$ -	\$ 6,817

NOTES TO FINANCIAL STATEMENTS

3.

	2024	2023
a. Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	3614.000%	3572.000%
b. Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 7,401,510	\$ 7,318,775

4.

	As of End of Current Period		12/31/2023		Change	
	(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col. 1 - 3) Ordinary	(6) (Col. 2 - 4) Capital
Impact of Tax Planning Strategies:						
(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.						
1. Adjusted Gross DTAs amount from Note 9A1(c)	\$ 106,945	\$ 3,821	\$ 121,973	\$ 3,286	\$ (15,028)	\$ 535
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies					0.000%	0.000%
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$ 105,387	\$ -	\$ 98,570	\$ -	\$ 6,817	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies					0.000%	0.000%

b. Do the Company's tax-planning strategies include the use of reinsurance?

Yes [] No [X]

B. Deferred Tax Liabilities Not Recognized

1. The types of temporary differences for which a DTL has not been recognized and the types of events that would cause those temporary differences to become taxable are:
Not applicable

2. The cumulative amount of each type of temporary difference is:
Not applicable

3. The amount of the unrecognized DTL for temporary differences related to investments in foreign subsidiaries and foreign corporate joint ventures that are essentially permanent in duration, if determination of that liability is practicable, or a statement that determination is not practicable are:
Not applicable

4. The amount of the DTL for temporary differences other than those in item (3) above that is not recognized is:
Not applicable

C. Current income taxes incurred consist of the following major components:

	(1) As of End of Current Period	(2) 12/31/2023	(3) (Col. 1 - 2) Change
1. Current Income Tax			
(a) Federal	\$ -	\$ -	\$ -
(b) Foreign			
(c) Subtotal (1a+1b)	\$ -	\$ -	\$ -
(d) Federal income tax on net capital gains			
(e) Utilization of capital loss carry-forwards			
(f) Other			
(g) Federal and foreign income taxes incurred (1c+1d+1e+1f)	\$ -	\$ -	\$ -
2. Deferred Tax Assets:			
(a) Ordinary:			
(1) Discounting of unpaid losses	\$ 6,923	\$ 4,011	\$ 2,912
(2) Unearned premium reserve	\$ 46,601	\$ 43,992	\$ 2,609
(3) Policyholder reserves			
(4) Investments			
(5) Deferred acquisition costs			
(6) Policyholder dividends accrual			
(7) Fixed assets			
(8) Compensation and benefits accrual			
(9) Pension accrual			
(10) Receivables - nonadmitted			
(11) Net operating loss carry-forward	\$ 53,212	\$ 73,970	\$ (20,758)
(12) Tax credit carry-forward			
(13) Other	\$ 209	\$ -	\$ 209
(99) Subtotal (sum of 2a1 through 2a13)	\$ 106,945	\$ 121,973	\$ (15,028)
(b) Statutory valuation allowance adjustment			
(c) Nonadmitted	\$ 1,558	\$ 23,403	\$ (21,845)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$ 105,387	\$ 98,570	\$ 6,817
(e) Capital:			
(1) Investments	\$ 2,053	\$ 1,518	\$ 535
(2) Net capital loss carry-forward	\$ 1,768	\$ 1,768	\$ -
(3) Real estate			
(4) Other			
(99) Subtotal (2e1+2e2+2e3+2e4)	\$ 3,821	\$ 3,286	\$ 535
(f) Statutory valuation allowance adjustment			
(g) Nonadmitted	\$ 3,821	\$ 3,286	\$ 535

NOTES TO FINANCIAL STATEMENTS

(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$ -	\$ -	\$ -
(i) Admitted deferred tax assets (2d + 2h)	\$ 105,387	\$ 98,570	\$ 6,817
3. Deferred Tax Liabilities:			
(a) Ordinary:			
(1) Investments	\$ 840	\$ 2,100	\$ -
(2) Fixed assets			\$ (1,260)
(3) Deferred and uncollected premium			\$ -
(4) Policyholder reserves			\$ -
(5) Other	\$ 585	\$ 898	\$ (313)
(99) Subtotal (3a1+3a2+3a3+3a4+3a5)	\$ 1,425	\$ 2,998	\$ (1,573)
(b) Capital:			
(1) Investments	\$ 8,414	\$ 5,884	\$ 2,530
(2) Real estate			\$ -
(3) Other			\$ -
(99) Subtotal (3b1+3b2+3b3)	\$ 8,414	\$ 5,884	\$ 2,530
(c) Deferred tax liabilities (3a99 + 3b99)	\$ 9,839	\$ 8,882	\$ 957
4. Net deferred tax assets/liabilities (2i - 3c)	\$ 95,548	\$ 89,688	\$ 5,860

D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
Permanent Differences:		
Provision computed at statutory rate	\$ 16,114	21.0%
Change in nonadmitted assets	\$ -	%
Proration of tax exempt investment income	\$ 73	0.1%
Tax exempt income deduction	\$ (290)	(0.4%)
Dividends received deduction	\$ -	%
Disallowable travel and entertainment	\$ -	%
Other permanent differences	\$ -	%
Temporary Differences:		
Total ordinary DTAs	\$ -	%
Total ordinary DTLs	\$ -	%
Total capital DTAs	\$ -	%
Total capital DTLs	\$ -	%
Others:		
Statutory valuation allowance adjustment	\$ -	0.0%
Accrual adjustment - prior year	\$ -	%
Other	\$ (447)	(0.6%)
Totals	\$ 15,450	%
Federal and foreign income taxes incurred		%
Realized capital gains (losses) tax	\$ -	%
Change in net deferred income taxes	\$ 15,450	%
Total statutory income taxes	\$ 15,450	

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

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

Description (Operating Loss or Tax Credit Carry Forward)	Amounts	Origination Dates	Expiration Dates
Operating Loss - Section 382	\$ 3,356	December 31,2008	December 31,2027
Operating Loss - Section 382	\$ 127,479	December 31,2009	December 31,2028
Operating Loss - Section 382	\$ 15,466	December 31,2010	December 31,2029
Operating Loss - Section 382	\$ 110,541	December 31,2011	December 31,2030
Operating Loss - Section 382	\$ 12,433	December 31,2012	December 31,2031
Operating Loss	\$ 9,555	December 31,2016	December 31,2035
Operating Loss	\$ 58,060	December 31,2017	December 31,2036
Operating Loss	\$ 16,513	December 31,2023	December 31,2042

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

Year	Amounts
	\$ -

F. Consolidated Federal Income Tax Return

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

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

G. Federal or Foreign Federal Income Tax Loss Contingencies:

The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

NOTES TO FINANCIAL STATEMENTS

H. Repatriation Transition Tax (RTT)

1a. Has the entity fully remitted the RTT? NO
 1b. If yes, list the amount of the RTT paid.
 If no, list the future installments to satisfy the RTT:

Description	Amount
Installment 1	\$ 304
Total	\$ 304

I. Alternative Minimum Tax (AMT) Credit

Alternative Minimum Tax Credit

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

Gross AMT Credit Recognized as:

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

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

A. Nature of the Relationship Involved

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

B. Transaction

Not applicable

C. Transactions with related party who are not reported on Schedule Y

(1) Detail of Material Related Party Transactions

Ref #	Date of Transaction	Name of Related Party	Nature of Relationship	Type of Transaction	Written Agreement (Yes/No)	Due Date	Reporting Period Date Amount Due From (To)

Options for Type of Transaction:

- Loan
- Exchange of Assets or Liabilities (e.g., buys, sells and secured borrowing transactions)
- Management Services
- Cost-Sharing Agreement
- Other Transactions Involving Services
- Guarantee (e.g., guarantees to related parties, on behalf of, and when beneficiary is related party)
- Other

(2) Detail of Material Related Party Transactions Involving Services

Ref #	Name of Related Party	Overview Description	Amount Charged	Amount Based on Allocation of Costs or Market Rates	Amount Charged Modified or Waived (Yes/No)
Total			\$ -	\$ -	

(3) Detail of Material Related Party Transactions Involving Exchange of Assets and Liabilities

a. Description of Transaction

Ref #	Name of Related Party	Overview Description	Have Terms Changed from Preceding Period? (Yes/No)

NOTES TO FINANCIAL STATEMENTS

b. Assets Received

Ref #	Name of Related Party	Description of Assets Received	Statement Value of Assets Received
Total			\$ -

c. Assets Transferred

Ref #	Name of Related Party	Description of Assets Transferred	Statement Value of Assets Transferred
Total			\$ -

(4) Detail of Amounts Owed To/From a Related Party

Ref #	Name of Related Party	Aggregate Reporting Period Amount Due From	Aggregate Reporting Period (Amount Due To)	Amount Offset in Financial Statement (if qualifying)	Net Amount Recoverable/ (Payable) by Related Party	Admitted Recoverable
Total	XXX	\$ -	\$ -	\$ -	\$ -	\$ -

D. Amounts Due From or To Related Parties

At December 31, 2024, the Company reported \$64,660 net due to Buckeye State Mutual Insurance Company. Intercompany balances are settled within 90 days.

E. Material Management or Service Contracts and Cost-Sharing Arrangements

The Company pays Buckeye State Mutual Insurance Company \$206,400 per year in accordance with the terms of a management agreement.

F. Guarantees or Undertakings

Not applicable

G. Nature of the Control Relationship

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

H. Amount Deducted from the Value of Upstream Intermediate Entity or Ultimate Parent Owned

Not applicable

I. Investments in SCA that Exceed 10% of Admitted Assets

Not applicable

J. Investments in Impaired SCAs

Not applicable

K. Investment in Foreign Insurance Subsidiary

Not applicable

L. Investment in Downstream Noninsurance Holding Company

Not applicable

M. All SCA Investments

(1) Balance Sheet Value (Admitted and Nonadmitted) All SCAs (Except 8bi Entities)

SCA Entity	Percentage of SCA Ownership	Gross Amount	Admitted Amount	Nonadmitted Amount
a. SSAP No. 97 8a Entities				
Total SSAP No. 97 8a Entities	XXX	\$ -	\$ -	\$ -
b. SSAP No. 97 8b(ii) Entities				
Total SSAP No. 97 8b(ii) Entities	XXX	\$ -	\$ -	\$ -
c. SSAP No. 97 8b(iii) Entities				
Total SSAP No. 97 8b(iii) Entities	XXX	\$ -	\$ -	\$ -
d. SSAP No. 97 8b(iv) Entities				
Total SSAP No. 97 8b(iv) Entities	XXX	\$ -	\$ -	\$ -
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	\$ -	\$ -	\$ -
f. Aggregate Total (a+ e)	XXX	\$ -	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

(2) NAIC Filing Response Information

SCA Entity (Should be same entities as shown in M(1) above.)	Type of NAIC Filing *	Date of Filing to the NAIC	NAIC Valuation Amount	NAIC Response Received Yes/No	NAIC Disallowed Entities Valuation Method, Resub- mission Required Yes/No	Code **
a. SSAP No. 97 8a Entities						
Total SSAP No. 97 8a Entities	XXX	XXX	\$ -	XXX	XXX	XXX
b. SSAP No. 97 8b(ii) Entities						
Total SSAP No. 97 8b(ii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
c. SSAP No. 97 8b(iii) Entities						
Total SSAP No. 97 8b(iii) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
d. SSAP No. 97 8b(iv) Entities						
Total SSAP No. 97 8b(iv) Entities	XXX	XXX	\$ -	XXX	XXX	XXX
e. Total SSAP No. 97 8b Entities (except 8bi entities) (b+c+d)	XXX	XXX	\$ -	XXX	XXX	XXX
f. Aggregate Total (a+e)	XXX	XXX	\$ -	XXX	XXX	XXX

* S1 - Sub-1, S2 - Sub-2 or RDF - Resubmission of Disallowed Filing

** I - Immaterial or M - Material

N. Investment in Insurance SCAs

Not applicable

O. SCA or SSAP 48 Entity Loss Tracking

Entity	1	2	3	4	5	6
		Reporting Entity's Share of Net Income (Loss)	Accumulated Share of Net Income (Losses)	Reporting Entity's Share of Equity, Including Negative Equity	Guaranteed Obligation / Commitment for Financial Support (Yes/No)	Amount of the Recognized Guarantee Under SSAP No. 5R

NOTE 11 Debt

Not applicable

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

Not applicable

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

A. Number of Share and Par or State Value of Each Class

The Company has 10,000 shares authorized, 6,000 issued, and 6,000 outstanding.

B. Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

Not applicable

C. Dividend Restrictions

Prior approval from the Ohio Insurance Department is required before dividends are paid.

D. Dates and Amounts of Dividends Paid

Not applicable

E. Profits that may be Paid as Ordinary Dividends to Stockholders

Not applicable

F. Restrictions Placed on Unassigned Funds (Surplus)

Not applicable

G. Amount of Advances to Surplus not Repaid

Not applicable

H. Amount of Stock Held for Special Purposes

Not applicable

I. Reasons for Changes in Balance of Special Surplus Funds from Prior Period

Not applicable

J. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.

NOTES TO FINANCIAL STATEMENTS

K. The Company issued the following surplus debentures or similar obligations:

Not applicable

1 Item Number	2 Date Issued	3 Interest Rate	4 Original Issue Amount of Note	5 Is Surplus Note Holder a Related Party (Y/N)	6 Carrying Value of Note Prior Year	7 Carrying Value of Note Current Year*	8 Unapproved Interest And/Or Principal
Total	XXX	XXX	\$ -	XXX	\$ -	\$ -	\$ -

* Total should agree with Page 3, Line 33.

1 Item Number	9 Current Year Interest Expense Recognized	10 Life-To-Date Interest Expense Recognized	11 Current Year Interest Offset Percentage (not including amounts paid to a 3rd party liquidity provider)	12 Current Year Principal Paid	13 Life-To-Date Principal Paid	14 Date of Maturity
Total	\$ -	\$ -	XXX	\$ -	\$ -	XXX

1 Item Number	15 Are Surplus Note Payments Contractually Linked? (Y/N)	16 Surplus Note Payments Subject to Adminis- trative Offsetting Provisions? (Y/N)	17 Were Surplus Note Proceeds Used to Purchase an Asset Directly From the Holder of the Surplus Note? (Y/N)	18 Is Asset Issuer a Related Party (Y/N)	19 Type of Assets Received Upon Issuance
Total	XXX	XXX	XXX	XXX	XXX

1 Item Number	20 Principal Amount of Assets Received Upon Issuance	21 Book/Adjusted Carry Value of Assets	22 Is Liquidity Source a Related Party to the Surplus Note Issuer? (Y/N)
Total	\$ -	\$ -	XXX

L. The impact of any restatement due to prior quasi-reorganizations is as follows:

Not applicable

Change in Year Surplus	Change in Gross Paid-in and Contributed Surplus

M. Effective Date of Quasi-Reorganization for a Period of Ten Years Following Reorganization
Not applicable

NOTE 14 Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not applicable

B. Assessments

(1)

Nature of Any Assets That Could Have a Material Financial Effect

The company is subject to guaranty fund and other assessments by the states in which it writes business. Guaranty fund assessments should be accrued at the time of insolvencies. Other assessments should be accrued either at the time of assessments or in the case of premium based assessments, at the time the premiums were written, or in the case of loss based assessments, at the time the losses are incurred.

The Company has accrued a liability for guaranty fund and other assessments of \$0 and a related premium tax benefit asset of \$0. These represent management's best estimates based on information received from the states in which the Company writes business, and may change due to many factors, including the Company's share of the ultimate cost of current insolvencies.

NOTES TO FINANCIAL STATEMENTS

(2) a. Assets recognized from paid and accrued premium tax offsets and policy surcharges prior year-end	\$	-
b. Decreases current year:		
c. Increases current year:		
d. Assets recognized from paid and accrued premium tax offsets and policy surcharges current year-end	\$	-

(3) a. Discount Rate Applied				
b. The Undiscounted and Discounted Amount of the Guaranty Fund Assessments and Related Assets by Insolvency				
	Name of the Insolvency	Guaranty Fund Assessment	Related Assets	
		Undiscounted	Discounted	Undiscounted
				Discounted

c. Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years

C. Gain Contingencies
Not applicable

D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits
Not applicable

(1) The company paid the following amounts in the reporting period to settle claims related extra contractual obligations or bad faith claims stemming from lawsuits	Direct
(2) Number of claims where amounts were paid to settle claims related extra contractual obligations or bad faith claims resulting from lawsuits during the reporting period	0-25 Claims
(3) Indicate whether claim count information is disclosed per claim or per claimant	Per Claim

E. Product Warranties
(1) Not applicable

(2) Reconciliation of aggregate product warranty liability

a. Product warranty liability beginning balance	\$	-
b. Reductions for payments made under the warranty		
c. Liability accrual for product warranties issued during the current period		
d. Change in liability accrual for product warranties issued in previous periods		
e. Product warranty liability ending balance	\$	-

F. Joint and Several Liabilities
Not applicable

G. All Other Contingencies
Not applicable

NOTE 15 Leases
Not applicable

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk
Not applicable

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales
Not applicable

NOTES TO FINANCIAL STATEMENTS

B. Transfer and Servicing of Financial Assets
Not applicable

1 Identification of Transaction	2 BACV at Time of Transfer	3 Original Reporting Schedule of the Transferred Assets	4 Amount Derecognized from Sale Transaction	5 Amount that continues to be recognized in the statement of financial position (Col. 2 minus 4)	6 BACV of acquired interests in transferred assets	7 Reporting Schedule of Acquired Interests	8 Percentage of interests of a reporting entity's transferred assets acquired by affiliated entities

C. Wash Sales

(1) Description of the Objectives Regarding These Transactions

In the course of the Company's asset management, securities are sold and reacquired within 30 days of the sale date to enhance the yield on the

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the year ended December 31, 2024 and reacquired within 30 days of the sale date are: The company did not during the year reacquire within 30 days of the sales date any securities with a NAIC designation 3 or below.

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

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

Not applicable

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

Not applicable

NOTE 20 Fair Value Measurements

Not applicable

A.

(1) Fair Value Measurements at Reporting Date

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Total assets at fair value/NAV	\$ -	\$ -	\$ -	\$ -	\$ -

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
b. Liabilities at fair value					
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -	\$ -

(2) Fair Value Measurements in (Level 3) of the Fair Value hierarchy

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2024
a. Assets										
Total Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Description	Beginning Balance at 01/01/2024	Transfers into Level 3	Transfers out of Level 3	Total gains and (losses) included in Net Income	Total gains and (losses) included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at 12/31/2024
b. Liabilities										
Total Liabilities	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

(3) Not applicable

(4) Not applicable

(5) Not applicable

B. Not applicable

NOTES TO FINANCIAL STATEMENTS

C. Aggregate fair value for all financial instruments and the level within the fair value hierarchy in which the fair value measurements in their entirety fall.
Not applicable

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

D. Not Practicable to Estimate Fair Value

Not applicable

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

E. Not applicable

NOTE 21 Other Items

A. Unusual or Infrequent Items
Not applicable

B. Troubled Debt Restructuring: Debtors
Not applicable

C. Other Disclosures
Not applicable

D. Business Interruption Insurance Recoveries
Not applicable

E. State Transferable and Non-transferable Tax Credits
Not applicable

F. Subprime Mortgage Related Risk Exposure
Not applicable

G. Insurance-Linked Securities (ILS) Contracts
Not applicable

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

NOTE 22 Events Subsequent

Type I – Recognized Subsequent Events:

Subsequent events have been considered through 02/24/2025 for these statutory financial statements which are to be issued on 02/24/2025.

Type II – Nonrecognized Subsequent Events:

Subsequent events have been considered through 02/24/2025 for these statutory financial statements which are to be issued on 02/24/2025.

NOTE 23 Reinsurance

A. Unsecured Reinsurance Recoverables

Individual Reinsurers with Unsecured Reinsurance Recoverables Exceeding 3% of Policyholder Surplus

Individual Reinsurers Who Are Not Members of a Group		
ID Number	Reinsurer Name	Unsecured Amount
		\$ - \$ -

Individual Reinsurers Who Are Members of a Group			
Group Code	ID Number	Reinsurer Name	Unsecured Amount
16713	31-6035649	Buckeye State Mutual Insurance Company	\$ 1,148,000 \$ -

All Members of the Groups Shown above with Unsecured Reinsurance Recoverables

Group Code	ID Number	Reinsurer Name	Unsecured Amount
Total			\$ -
Total			\$ -
16713	31-6035649	Buckeye State Mutual Insurance Company	1,148,000
Total			\$ 1,148,000

NOTES TO FINANCIAL STATEMENTS

B. Reinsurance Recoverable in Dispute

The Company does not have any reinsurance recoverables in dispute.

Name of Reinsurer	Total Amount in Dispute (Including IBNR)	Notification	Arbitration	Litigation
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C. Reinsurance Assumed and Ceded

(1)

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	\$ 1,081,725		\$ 972,000		\$ 109,725	\$ -
b. All Other			\$ 118,000	\$ 26,581	\$ (118,000)	\$ (26,581)
c. Total (a+b)	\$ 1,081,725	\$ -	\$ 1,090,000	\$ 26,581	\$ (8,275)	\$ (26,581)

d. Direct Unearned Premium Reserve

(2)

	Direct	Assumed	Ceded	Net
	\$	\$	\$	\$
a. Contingent Commission				\$ -
b. Sliding Scale Adjustments				\$ -
c. Other Profit Commission Arrangements				\$ -
d. TOTAL (a+b+c)	\$ -	\$ -	\$ -	\$ -

(3)

Protected Cell Name	Covered Exposure	Ultimate Exposure Amt.	Fair Value of Assets as of Statement Date	Initial Contract Date of Securitization Instrument	Maturity Date of Securitized Instrument
TOTAL	XXX	\$ -	\$ -	XXX	XXX

D. Uncollectible Reinsurance

The Company does not have any uncollectible reinsurance.

E. Commutation of Reinsurance Reflected in Income and Expenses.

Not applicable

F. Retroactive Reinsurance

Not applicable

G. Reinsurance Accounted for as a Deposit

Not applicable

H. Disclosures for the Transfer of Property and Casualty Run-off Agreements

Not applicable

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

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

J. Reinsurance Agreements Qualifying for Reinsurer Aggregation

Not applicable

K. Reinsurance Credit

Not applicable

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Method Used by Reporting Entity to Estimate Accrued Retrospective Premium Adjustments

Not applicable

B. Accrued Retrospective Premiums Recorded Through Written Premium or an Adjustment to Earned Premium

Not applicable

C. Amount of Net Premiums Written Subject to Retrospective Rating Features and Percentage to Total Net Premiums Written

Not applicable

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

Not applicable

E. Nonadmitted Retrospective Premium

Not applicable

F. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

Yes [] No [X]

NOTES TO FINANCIAL STATEMENTS

NOTE 25 Change in Incurred Losses and Loss Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2023 were \$317,000. As of December 31, 2024, \$206,000 has been paid for incurred losses and loss adjusting expense attributable to insured events of prior years. Reserves remaining for prior years are now \$104,000 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on the auto liability and homeowners and farmowners lines of business. Therefore, there has been a \$7,000 favorable prior year development since December 31, 2023 to December 31, 2024. This change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company does not have retrospectively rated policies.

B. Information about Significant Changes in Methodologies and Assumptions
No changes in methodology.**NOTE 26 Intercompany Pooling Arrangements**

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

Lead Entity and all Affiliated Entities	NAIC Company Code	Pooling Percentage
Buckeye State Mutual Insurance Company	16713	95.000%
Home and Farm Insurance Company	17639	5.000%

B. Description of Lines and Types of Business Subject to the Pooling Agreement
All lines of businessC. Description of Cessions to Non-Affiliated Reinsurance Subject to Pooling Agreement
Cessions to non-affiliated reinsurers are done prior to the pooling agreement cessions.D. Identification of all Pool Members that are Parties to Reinsurance Agreements with Non-Affiliated Reinsurers
Buckeye and Home and Farm are in reinsurance agreements with non-affiliated reinsurers.E. Explanation of Discrepancies Between Entries of Pooled Business
Not applicableF. Description of Intercompany Sharing
The sharing is stated in A above (95% / 5%).G. Amounts Due To/From Lead Entity and all Affiliated Entities Participating in the Intercompany Pool
\$64,660 is due to the lead entity.**NOTE 27 Structured Settlements**

Not applicable

NOTE 28 Health Care Receivables

Not applicable

NOTE 29 Participating Policies

Not applicable

NOTE 30 Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves

12/31/2024

2. Date of the most recent evaluation of this liability

Yes [] No [X]

3. Was anticipated investment income utilized in the calculation?

NOTE 31 High Deductibles

Not applicable

NOTE 32 Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

NOTE 33 Asbestos/Environmental Reserves

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

The Company has not been notified of any past or current insured for which significant exposure exists due to these types of claims. Therefore, the Company has no loss or loss adjustment expense reserves for asbestos or environmental liabilities.

NOTE 34 Subscriber Savings Accounts

Not applicable

NOTE 35 Multiple Peril Crop Insurance

Not applicable

NOTE 36 Financial Guaranty Insurance

Not applicable

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
 If yes, complete Schedule Y, Parts 1, 1A, 2 and 3.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []

1.3 State Regulating? Ohio

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

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2023

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2023

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 01/27/2025

3.4 By what department or departments?
 Ohio

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [] No [] N/A [X]

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

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.11 sales of new business? Yes [] No [X]
 4.12 renewals? Yes [] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
 4.21 sales of new business? Yes [] No [X]
 4.22 renewals? Yes [] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
 If yes, complete and file the merger history data file with the NAIC. Yes [] No [X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]

6.2 If yes, give full information

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]

7.2 If yes,
 7.21 State the percentage of foreign control %
 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a depository institution holding company (DIHC) or a DIHC itself, regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If the response to 8.1 is yes, please identify the name of the DIHC.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....

8.5 Is the reporting entity a depository institution holding company with significant insurance operations as defined by the Board of Governors of Federal Reserve System or a subsidiary of the depository institution holding company? Yes [] No [X]

8.6 If response to 8.5 is no, is the reporting entity a company or subsidiary of a company that has otherwise been made subject to the Federal Reserve Board's capital rule? Yes [] No [X] N/A []

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

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

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Stephen J. Streff, ACAS, MAAA, Streff Insurance Services, 207 East Avenue, Red Wing, MN 55066

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company ...

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value \$

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
.....

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers.....	\$
20.12 To stockholders not officers.....	\$
20.13 Trustees, supreme or grand (Fraternal Only)	\$

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers.....	\$
20.22 To stockholders not officers.....	\$
20.23 Trustees, supreme or grand (Fraternal Only)	\$

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others.....	\$
21.22 Borrowed from others.....	\$
21.23 Leased from others	\$
21.24 Other	\$

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$ .....	.....
22.22 Amount paid as expenses	\$
22.23 Other amounts paid	\$

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 112,173

24.1 Does the insurer utilize third parties to pay agent commissions in which the amounts advanced by the third parties are not settled in full within 90 days? Yes [] No [X]

24.2 If the response to 24.1 is yes, identify the third-party that pays the agents and whether they are a related party.

Name of Third-Party	Is the Third-Party Agent a Related Party (Yes/No)
.....

INVESTMENT

25.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 25.03)..... Yes [X] No []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

25.02	If no, give full and complete information, relating thereto																								
25.03	For securities lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)																								
25.04	For the reporting entity's securities lending program, report amount of collateral for conforming programs as outlined in the Risk-Based Capital Instructions. \$																								
25.05	For the reporting entity's securities lending program, report amount of collateral for other programs. \$																								
25.06	Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]																								
25.07	Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]																								
25.08	Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]																								
25.09	For the reporting entity's securities lending program state the amount of the following as of December 31 of the current year:																									
	25.091 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$																								
	25.092 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$																								
	25.093 Total payable for securities lending reported on the liability page \$																								
26.1	Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 25.03). Yes [X] No []																								
26.2	If yes, state the amount thereof at December 31 of the current year:	<table border="0"> <tr> <td>26.21 Subject to repurchase agreements</td> <td>..... \$</td> </tr> <tr> <td>26.22 Subject to reverse repurchase agreements</td> <td>..... \$</td> </tr> <tr> <td>26.23 Subject to dollar repurchase agreements</td> <td>..... \$</td> </tr> <tr> <td>26.24 Subject to reverse dollar repurchase agreements</td> <td>..... \$</td> </tr> <tr> <td>26.25 Placed under option agreements</td> <td>..... \$</td> </tr> <tr> <td>26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock</td> <td>..... \$</td> </tr> <tr> <td>26.27 FHLB Capital Stock</td> <td>..... \$</td> </tr> <tr> <td>26.28 On deposit with states</td> <td>..... \$</td> </tr> <tr> <td>26.29 On deposit with other regulatory bodies</td> <td>..... \$</td> </tr> <tr> <td>26.30 Pledged as collateral - excluding collateral pledged to an FHLB</td> <td>..... \$</td> </tr> <tr> <td>26.31 Pledged as collateral to FHLB - including assets backing funding agreements</td> <td>..... \$</td> </tr> <tr> <td>26.32 Other</td> <td>..... \$</td> </tr> </table>	26.21 Subject to repurchase agreements \$	26.22 Subject to reverse repurchase agreements \$	26.23 Subject to dollar repurchase agreements \$	26.24 Subject to reverse dollar repurchase agreements \$	26.25 Placed under option agreements \$	26.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$	26.27 FHLB Capital Stock \$	26.28 On deposit with states \$	26.29 On deposit with other regulatory bodies \$	26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$	26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$	26.32 Other \$
26.21 Subject to repurchase agreements \$																									
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26.23 Subject to dollar repurchase agreements \$																									
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26.30 Pledged as collateral - excluding collateral pledged to an FHLB \$																									
26.31 Pledged as collateral to FHLB - including assets backing funding agreements \$																									
26.32 Other \$																									
26.3	For category (26.26) provide the following:	<table border="1"> <thead> <tr> <th style="text-align: center;">1 Nature of Restriction</th> <th style="text-align: center;">2 Description</th> <th style="text-align: center;">3 Amount</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>	1 Nature of Restriction	2 Description	3 Amount																		
1 Nature of Restriction	2 Description	3 Amount																								
.....																								
27.1	Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]																								
27.2	If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement. Yes [] No [] N/A []																								
LINES 27.3 through 27.5: FOR LIFE/FRATERNAL REPORTING ENTITIES ONLY:																										
27.3	Does the reporting entity utilize derivatives to hedge variable annuity guarantees subject to fluctuations as a result of interest rate sensitivity? Yes [] No []																								
27.4	If the response to 27.3 is YES, does the reporting entity utilize:	<table border="0"> <tr> <td>27.41 Special accounting provision of SSAP No. 108</td> <td>..... Yes [] No []</td> </tr> <tr> <td>27.42 Permitted accounting practice</td> <td>..... Yes [] No []</td> </tr> <tr> <td>27.43 Other accounting guidance</td> <td>..... Yes [] No []</td> </tr> </table>	27.41 Special accounting provision of SSAP No. 108 Yes [] No []	27.42 Permitted accounting practice Yes [] No []	27.43 Other accounting guidance Yes [] No []																		
27.41 Special accounting provision of SSAP No. 108 Yes [] No []																									
27.42 Permitted accounting practice Yes [] No []																									
27.43 Other accounting guidance Yes [] No []																									
27.5	By responding YES to 27.41 regarding utilizing the special accounting provisions of SSAP No. 108, the reporting entity attests to the following: Yes [] No []																								
	<ul style="list-style-type: none"> • The reporting entity has obtained explicit approval from the domiciliary state. • Hedging strategy subject to the special accounting provisions is consistent with the requirements of VM-21. • Actuarial certification has been obtained which indicates that the hedging strategy is incorporated within the establishment of VM-21 reserves and provides the impact of the hedging strategy within the Actuarial Guideline Conditional Tail Expectation Amount. • Financial Officer Certification has been obtained which indicates that the hedging strategy meets the definition of a Clearly Defined Hedging Strategy within VM-21 and that the Clearly Defined Hedging Strategy is the hedging strategy being used by the company in its actual day-to-day risk mitigation efforts. 																									
28.1	Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]																								
28.2	If yes, state the amount thereof at December 31 of the current year. \$																								
29.	Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []																								
29.01	For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:	<table border="1"> <thead> <tr> <th style="text-align: center;">1 Name of Custodian(s)</th> <th style="text-align: center;">2 Custodian's Address</th> </tr> </thead> <tbody> <tr> <td>US Bank</td> <td>50 S 16th Street Suite 2000, Philadelphia, PA 19102</td> </tr> </tbody> </table>	1 Name of Custodian(s)	2 Custodian's Address	US Bank	50 S 16th Street Suite 2000, Philadelphia, PA 19102																				
1 Name of Custodian(s)	2 Custodian's Address																									
US Bank	50 S 16th Street Suite 2000, Philadelphia, PA 19102																									

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

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

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

29.03 Have there been any changes, including name changes, in the custodian(s) identified in 29.01 during the current year?..... Yes [] No [X]

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

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

29.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. This includes both primary and sub-advisors. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

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

29.0597 For those firms/individuals listed in the table for Question 29.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

29.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 29.05, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

29.06 For those firms or individuals listed in the table for 29.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
109684	Sun Life Capital Management (U.S.) LLC	5493001YLOM8HNPEN55	SEC	NO.....

30.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])?..... Yes [] No [X]

30.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
30.2999 - Total		0

30.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

31. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
31.1 Bonds	6,066,548	5,770,440	(296,108)
31.2 Preferred stocks	0	0	0
31.3 Totals	6,066,548	5,770,440	(296,108)

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

.....

32.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No []

32.2 If the answer to 32.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

32.3 If the answer to 32.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

.....

33.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [] No []

33.2 If no, list exceptions:

.....

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

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

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

35. By self-designating PLGI securities, the reporting entity is certifying its compliance with the requirements as specified in the Purposes and Procedures Manual of the NAIC Investment Analysis Office (P&P Manual) for private letter rating (PLR) securities and the following elements of each self-designated PLGI security:

- a. The security was either:
 - i. issued prior to January 1, 2018 (which is exempt from PLR filing requirements pursuant to the P&P Manual), or
 - ii. issued from January 1, 2018 to December 31, 2021 and subject to a confidentiality agreement executed prior to January 1, 2022 which confidentiality agreement remains in force, for which an insurance company cannot provide a copy of a private letter rating rationale report to the SVO due to confidentiality or other contractual reasons ("waived submission PLR securities").
- b. The reporting entity is holding capital commensurate with the NAIC Designation and NAIC Designation Category reported for the security.
- c. The NAIC Designation and NAIC Designation Category were derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating, dated during the financial statement year, held by the insurer and available for examination by state insurance regulators.
- d. Other than for waived submission PLR securities, defined above, on or after January 1, 2024 for any PLR securities issued on or after January 1, 2022, if the reporting entity is not permitted to share this private credit rating or the private rating letter rationale report of the PL security with the SVO, it certifies that it is reporting it as an NAIC 5.B GI and may not assign any other self-designation.

Has the reporting entity self-designated PLGI to securities, all of which meet the above requirement and as specified in the P&P Manual? Yes [] No []

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

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

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No []

37. By rolling/renewing short-term or cash equivalent investments with continued reporting on Schedule DA, Part 1 or Schedule E Part 2 (identified through a code (%) in those investment schedules), the reporting entity is certifying to the following:

- a. The investment is a liquid asset that can be terminated by the reporting entity on the current maturity date.
- b. If the investment is with a nonrelated party or nonaffiliate, then it reflects an arms-length transaction with renewal completed at the discretion of all involved parties.
- c. If the investment is with a related party or affiliate, then the reporting entity has completed robust re-underwriting of the transaction for which documentation is available for regulator review.
- d. Short-term and cash equivalent investments that have been renewed/rolled from the prior period that do not meet the criteria in 37.a - 37.c are reported as long-term investments.

Has the reporting entity rolled/renewed short-term or cash equivalent investments in accordance with these criteria? Yes [] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

38.1 Does the reporting entity directly hold cryptocurrencies? Yes [] No [X]

38.2 If the response to 38.1 is yes, on what schedule are they reported?
.....

39.1 Does the reporting entity directly or indirectly accept cryptocurrencies as payments for premiums on policies? Yes [] No [X]

39.2 If the response to 39.1 is yes, are the cryptocurrencies held directly or are they immediately converted to U.S. dollars?
39.21 Held directly Yes [] No []
39.22 Immediately converted to U.S. dollars Yes [] No []

39.3 If the response to 38.1 or 39.1 is yes, list all cryptocurrencies accepted for payments of premiums or that are held directly.

1 Name of Cryptocurrency	2 Immediately Converted to USD, Directly Held, or Both	3 Accepted for Payment of Premiums
.....

OTHER

40.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 10,750

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

1 Name	2 Amount Paid
Demotech, Inc.	10,500

41.1 Amount of payments for legal expenses, if any? \$

41.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

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

42.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers, or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]				
1.2	If yes, indicate premium earned on U. S. business only.	\$ _____				
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____				
1.31	Reason for excluding					
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$ _____				
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$ _____ 0				
1.6	Individual policies:	Most current three years: 1.61 Total premium earned\$ 0 1.62 Total incurred claims\$ 0 1.63 Number of covered lives 0				
		All years prior to most current three years: 1.64 Total premium earned\$ 0 1.65 Total incurred claims\$ 0 1.66 Number of covered lives 0				
1.7	Group policies:	Most current three years: 1.71 Total premium earned\$ 0 1.72 Total incurred claims\$ 0 1.73 Number of covered lives 0				
		All years prior to most current three years: 1.74 Total premium earned\$ 0 1.75 Total incurred claims\$ 0 1.76 Number of covered lives 0				
2.	Health Test:	<table border="0"> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>Current Year</td> <td>Prior Year</td> </tr> </table>	1	2	Current Year	Prior Year
1	2					
Current Year	Prior Year					
2.1	Premium Numerator					
2.2	Premium Denominator 1,989,741 1,828,647				
2.3	Premium Ratio (2.1/2.2) 0.000 0.000				
2.4	Reserve Numerator					
2.5	Reserve Denominator 1,717,349 1,679,592				
2.6	Reserve Ratio (2.4/2.5) 0.000 0.000				
3.1	Did the reporting entity issue participating policies during the calendar year?	Yes [] No [X]				
3.2	If yes, provide the amount of premium written for participating and/or non-participating policies during the calendar year:	3.21 Participating policies\$ 3.22 Non-participating policies\$				
4.	For mutual reporting Entities and Reciprocal Exchanges only:					
4.1	Does the reporting entity issue assessable policies?	Yes [] No [X]				
4.2	Does the reporting entity issue non-assessable policies?	Yes [X] No []				
4.3	If assessable policies are issued, what is the extent of the contingent liability of the policyholders?	% _____				
4.4	Total amount of assessments paid or ordered to be paid during the year on deposit notes or contingent premiums.	\$ _____				
5.	For Reciprocal Exchanges Only:					
5.1	Does the Exchange appoint local agents?	Yes [] No []				
5.2	If yes, is the commission paid:	5.21 Out of Attorney's-in-fact compensation..... Yes [] No [] N/A [] 5.22 As a direct expense of the exchange..... Yes [] No [] N/A []				
5.3	What expenses of the Exchange are not paid out of the compensation of the Attorney-in-fact?					
5.4	Has any Attorney-in-fact compensation, contingent on fulfillment of certain conditions, been deferred?	Yes [] No []				
5.5	If yes, give full information					

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

6.1 What provision has this reporting entity made to protect itself from an excessive loss in the event of a catastrophe under a workers' compensation contract issued without limit of loss?
Home and Farm does not transact this type of business.

6.2 Describe the method used to estimate this reporting entity's probable maximum insurance loss, and identify the type of insured exposures comprising that probable maximum loss, the locations of concentrations of those exposures and the external resources (such as consulting firms or computer software models), if any, used in the estimation process:
Cat modeling provided by Guy Carpenter.

6.3 What provision has this reporting entity made (such as a catastrophic reinsurance program) to protect itself from an excessive loss arising from the types and concentrations of insured exposures comprising its probable maximum property insurance loss?
The losses would be covered under an excess of loss catastrophe reinsurance contract.

6.4 Does the reporting entity carry catastrophe reinsurance protection for at least one reinstatement, in an amount sufficient to cover its estimated probable maximum loss attributable to a single loss event or occurrence? Yes [X] No []

6.5 If no, describe any arrangements or mechanisms employed by the reporting entity to supplement its catastrophe reinsurance program or to hedge its exposure to unreinsured catastrophic loss
.....

7.1 Has this reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?.... Yes [] No [X]

7.2 If yes, indicate the number of reinsurance contracts containing such provisions.

7.3 If yes, does the amount of reinsurance credit taken reflect the reduction in quota share coverage caused by any applicable limiting provision(s)?.... Yes [] No []

8.1 Has this reporting entity reinsured any risk with any other entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on this risk, or portion thereof, reinsured? Yes [] No [X]

8.2 If yes, give full information
.....

9.1 Has the reporting entity ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates) for which during the period covered by the statement: (i) it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; (ii) it accounted for that contract as reinsurance and not as a deposit; and (iii) the contract(s) contain one or more of the following features or other features that would have similar results:
(a) A contract term longer than two years and the contract is noncancelable by the reporting entity during the contract term;
(b) A limited or conditional cancellation provision under which cancellation triggers an obligation by the reporting entity, or an affiliate of the reporting entity, to enter into a new reinsurance contract with the reinsurer, or an affiliate of the reinsurer;
(c) Aggregate stop loss reinsurance coverage;
(d) A unilateral right by either party (or both parties) to commute the reinsurance contract, whether conditional or not, except for such provisions which are only triggered by a decline in the credit status of the other party;
(e) A provision permitting reporting of losses, or payment of losses, less frequently than on a quarterly basis (unless there is no activity during the period); or
(f) Payment schedule, accumulating retentions from multiple years or any features inherently designed to delay timing of the reimbursement to the ceding entity. Yes [] No [X]

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:
(a) The written premium ceded to the reinsurer by the reporting entity or its affiliates represents fifty percent (50%) or more of the entire direct and assumed premium written by the reinsurer based on its most recently available financial statement; or
(b) Twenty-five percent (25%) or more of the written premium ceded to the reinsurer has been retroceded back to the reporting entity or its affiliates in a separate reinsurance contract. Yes [] No [X]

9.3 If yes to 9.1 or 9.2, please provide the following information in the Reinsurance Summary Supplemental Filing for General Interrogatory 9:
(a) The aggregate financial statement impact gross of all such ceded reinsurance contracts on the balance sheet and statement of income;
(b) A summary of the reinsurance contract terms and indicate whether it applies to the contracts meeting the criteria in 9.1 or 9.2; and
(c) A brief discussion of management's principle objectives in entering into the reinsurance contract including the economic purpose to be achieved.

9.4 Except for transactions meeting the requirements of paragraph 36 of SSAP No. 62R - Property and Casualty Reinsurance, has the reporting entity ceded any risk under any reinsurance contract (or multiple contracts with the same reinsurer or its affiliates) during the period covered by the financial statement, and either:
(a) Accounted for that contract as reinsurance (either prospective or retroactive) under statutory accounting principles ("SAP") and as a deposit under generally accepted accounting principles ("GAAP"); or
(b) Accounted for that contract as reinsurance under GAAP and as a deposit under SAP? Yes [] No [X]

9.5 If yes to 9.4, explain in the Reinsurance Summary Supplemental Filing for General Interrogatory 9 (Section D) why the contract(s) is treated differently for GAAP and SAP.

9.6 The reporting entity is exempt from the Reinsurance Attestation Supplement under one or more of the following criteria:
(a) The entity does not utilize reinsurance; or, Yes [] No [X]
(b) The entity only engages in a 100% quota share contract with an affiliate and the affiliated or lead company has filed an attestation supplement; or Yes [] No [X]
(c) The entity has no external cessions and only participates in an intercompany pool and the affiliated or lead company has filed an attestation supplement. Yes [] No [X]

10. If the reporting entity has assumed risks from another entity, there should be charged on account of such reinsurances a reserve equal to that which the original entity would have been required to charge had it retained the risks. Has this been done? Yes [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

11.1 Has the reporting entity guaranteed policies issued by any other entity and now in force? Yes [] No [X]

11.2 If yes, give full information
.....

12.1 If the reporting entity recorded accrued retrospective premiums on insurance contracts on Line 15.3 of the asset schedule, Page 2, state the amount of corresponding liabilities recorded for:
12.11 Unpaid losses \$
12.12 Unpaid underwriting expenses (including loss adjustment expenses) \$

12.2 Of the amount on Line 15.3, Page 2, state the amount which is secured by letters of credit, collateral and other funds. \$

12.3 If the reporting entity underwrites commercial insurance risks, such as workers' compensation, are premium notes or promissory notes accepted from its insureds covering unpaid premiums and/or unpaid losses? Yes [] No [] N/A [X]

12.4 If yes, provide the range of interest rates charged under such notes during the period covered by this statement:
12.41 From %
12.42 To %

12.5 Are letters of credit or collateral and other funds received from insureds being utilized by the reporting entity to secure premium notes or promissory notes taken by a reporting entity, or to secure any of the reporting entity's reported direct unpaid loss reserves, including unpaid losses under loss deductible features of commercial policies? Yes [] No [X]

12.6 If yes, state the amount thereof at December 31 of the current year:
12.61 Letters of Credit \$
12.62 Collateral and other funds \$

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation): \$ 300,000

13.2 Does any reinsurance contract considered in the calculation of this amount include an aggregate limit of recovery without also including a reinstatement provision? Yes [] No [X]

13.3 State the number of reinsurance contracts (excluding individual facultative risk certificates, but including facultative programs, automatic facilities or facultative obligatory contracts) considered in the calculation of the amount. 6

14.1 Is the company a cedant in a multiple cedant reinsurance contract? Yes [X] No []

14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:
The allocation is based on the reinsurers participation percentage within each reinsurance contract.

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts? Yes [X] No []

14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements? Yes [] No []

14.5 If the answer to 14.4 is no, please explain:
.....

15.1 Has the reporting entity guaranteed any financed premium accounts? Yes [] No [X]

15.2 If yes, give full information
.....

16.1 Does the reporting entity write any warranty business? Yes [] No [X]
If yes, disclose the following information for each of the following types of warranty coverage:

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home
16.12 Products
16.13 Automobile
16.14 Other*

* Disclose type of coverage:
.....

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F - Part 3 that is exempt from the statutory provision for unauthorized reinsurance? Yes [] No [X]

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

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

17.12 Unfunded portion of Interrogatory 17.11 \$

17.13 Paid losses and loss adjustment expenses portion of Interrogatory 17.11 \$

17.14 Case reserves portion of Interrogatory 17.11 \$

17.15 Incurred but not reported portion of Interrogatory 17.11 \$

17.16 Unearned premium portion of Interrogatory 17.11 \$

17.17 Contingent commission portion of Interrogatory 17.11 \$

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
GENERAL INTERROGATORIES

PART 2 - PROPERTY AND CASUALTY INTERROGATORIES

18.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

18.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

18.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

18.4 If yes, please provide the balance of funds administered as of the reporting date. \$

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

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

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e. 17.6.

	1 2024	2 2023	3 2022	4 2021	5 2020
Gross Premiums Written (Page 8, Part 1B Cols. 1, 2 & 3)					
1. Liability lines (Lines 11, 16, 17, 18 & 19)	691,802	701,586	630,128	493,346	421,876
2. Property lines (Lines 1, 2, 9, 12, 21 & 26)	1,068,051	948,873	724,745	554,154	468,106
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	2,542,239	2,227,652	1,909,402	1,395,418	990,022
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
5. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
6. Total (Line 35)	4,302,092	3,878,111	3,264,275	2,442,918	1,880,004
Net Premiums Written (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11, 16, 17, 18 & 19)	394,465	401,798	379,914	360,716	386,218
8. Property lines (Lines 1, 2, 9, 12, 21 & 26)	629,664	586,849	479,616	437,658	441,334
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1,028,662	942,030	892,314	838,022	842,966
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
11. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
12. Total (Line 35)	2,052,791	1,930,677	1,751,844	1,636,396	1,670,518
Statement of Income (Page 4)					
13. Net underwriting gain (loss) (Line 8)	(91,792)	(183,672)	(69,323)	(96,445)	96,300
14. Net investment gain (loss) (Line 11)	160,470	147,226	117,158	112,041	147,785
15. Total other income (Line 15)	8,057	8,080	6,367	3,391	260
16. Dividends to policyholders (Line 17)					
17. Federal and foreign income taxes incurred (Line 19)					
18. Net income (Line 20)	76,735	(28,366)	54,202	18,987	244,345
Balance Sheet Lines (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3)	10,494,240	10,302,805	9,443,560	9,747,895	9,537,817
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1)	644,556	611,203	221,014	576,483	503,104
20.2 Deferred and not yet due (Line 15.2)	308,814	281,189	256,204	0	0
20.3 Accrued retrospective premiums (Line 15.3)	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26)	2,997,182	2,894,342	2,021,105	2,396,413	2,217,166
22. Losses (Page 3, Line 1)	278,177	259,719	219,418	385,276	314,947
23. Loss adjustment expenses (Page 3, Line 3)	58,929	57,312	54,429	58,777	55,035
24. Unearned premiums (Page 3, Line 9)	1,081,726	1,018,676	916,646	845,187	847,176
25. Capital paid up (Page 3, Lines 30 & 31)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
26. Surplus as regards policyholders (Page 3, Line 37)	7,497,058	7,408,463	7,422,455	7,351,482	7,320,651
Cash Flow (Page 5)					
27. Net cash from operations (Line 11)	89,574	25,737	(117,735)	106,253	347,928
Risk-Based Capital Analysis					
28. Total adjusted capital	7,497,058	7,408,463	7,422,455	7,351,482	7,320,651
29. Authorized control level risk-based capital	204,802	204,870	192,796	187,107	176,032
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line divided by Page 2, Line 12, Col. 3) x100.0					
30. Bonds (Line 1)	88.1	97.0	98.4	92.5	89.9
31. Stocks (Lines 2.1 & 2.2)	0.0	0.0	0.0	0.0	0.0
32. Mortgage loans on real estate (Lines 3.1 and 3.2)	0.0	0.0	0.0	0.0	0.0
33. Real estate (Lines 4.1, 4.2 & 4.3)	0.0	0.0	0.0	0.0	0.0
34. Cash, cash equivalents and short-term investments (Line 5)	11.9	3.0	1.6	7.5	10.1
35. Contract loans (Line 6)	0.0	0.0	0.0	0.0	0.0
36. Derivatives (Line 7)	0.0	0.0	0.0	0.0	0.0
37. Other invested assets (Line 8)	0.0	0.0	0.0	0.0	0.0
38. Receivables for securities (Line 9)	0.0	0.0	0.0	0.0	0.0
39. Securities lending reinvested collateral assets (Line 10)	0.0	0.0	0.0	0.0	0.0
40. Aggregate write-ins for invested assets (Line 11)	0.0	0.0	0.0	0.0	0.0
41. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0
Investments in Parent, Subsidiaries and Affiliates					
42. Affiliated bonds (Schedule D, Summary, Line 12, Col. 1)					
43. Affiliated preferred stocks (Schedule D, Summary, Line 18, Col. 1)	0			0	0
44. Affiliated common stocks (Schedule D, Summary, Line 24, Col. 1)	0			0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10)	0	0			
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Lines 42 to 47	0	0	0	0	0
49. Total Investment in Parent included in Lines 42 to 47 above					
50. Percentage of investments in parent, subsidiaries and affiliates to surplus as regards policyholders (Line 48 above divided by Page 3, Col. 1, Line 37 x 100.0)	0.0	0.0	0.0	0.0	0.0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2024	2 2023	3 2022	4 2021	5 2020
Capital and Surplus Accounts (Page 4)					
51. Net unrealized capital gains (losses) (Line 24)	0	0	0	2,150	(2,150)
52. Dividends to stockholders (Line 35)					
53. Change in surplus as regards policyholders for the year (Line 38)	88,595	(13,992)	70,973	30,831	243,984
Gross Losses Paid (Page 9, Part 2, Cols. 1 & 2)					
54. Liability lines (Lines 11, 16, 17, 18 & 19)	389,752	258,280	217,122	186,365	492,131
55. Property lines (Lines 1, 2, 9, 12, 21 & 26)	671,528	590,472	549,427	353,004	208,407
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	1,410,438	1,369,567	1,098,686	579,558	445,888
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
58. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
59. Total (Line 35)	2,471,718	2,218,319	1,865,235	1,118,927	1,146,426
Net Losses Paid (Page 9, Part 2, Col. 4)					
60. Liability lines (Lines 11, 16, 17, 18 & 19)	237,080	203,010	202,828	186,365	192,131
61. Property lines (Lines 1, 2, 9, 12, 21 & 26)	409,286	358,917	359,747	308,070	208,407
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27)	625,436	638,809	649,479	493,763	444,404
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34)	0	0	0	0	0
64. Nonproportional reinsurance lines (Lines 31, 32 & 33)	0	0	0	0	0
65. Total (Line 35)	1,271,802	1,200,736	1,212,054	988,198	844,942
Operating Percentages (Page 4) (Line divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1)	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2)	64.8	67.9	62.3	64.6	51.2
68. Loss expenses incurred (Line 3)	4.9	5.8	5.8	6.0	6.4
69. Other underwriting expenses incurred (Line 4)	34.8	36.4	36.0	35.3	36.5
70. Net underwriting gain (loss) (Line 8)	(4.6)	(10.0)	(4.1)	(5.9)	5.9
Other Percentages					
71. Other underwriting expenses to net premiums written (Page 4, Lines 4 + 5 - 15 divided by Page 8, Part 1B, Col. 6, Line 35 x 100.0)	33.4	34.0	34.2	35.1	35.5
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0)	69.8	73.7	68.1	70.6	57.6
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0)	27.4	26.1	23.6	22.3	22.8
One Year Loss Development (\$000 omitted)					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P - Part 2 - Summary, Line 12, Col. 11)	(1)	(52)	(89)	(54)	(110)
75. Percent of development of losses and loss expenses incurred to policyholders' surplus of prior year end (Line 74 above divided by Page 4, Line 21, Col. 1 x 100.0)	0.0	(0.7)	(1.2)	(0.7)	(1.6)
Two Year Loss Development (\$000 omitted)					
76. Development in estimated losses and loss expenses incurred two years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12)	(61)	(104)	(95)	(144)	(207)
77. Percent of development of losses and loss expenses incurred to reported policyholders' surplus of second prior year end (Line 76 above divided by Page 4, Line 21, Col. 2 x 100.0)	(0.8)	(1.4)	(1.3)	(2.0)	(3.0)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid Cols (4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	1.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	1.....	
2. 2015.....	2,904.....	927.....	1,977.....	1,688.....	504.....	34.....	7.....	108.....	13.....	76.....	1,306.....	XXX.....	
3. 2016.....	2,782.....	691.....	2,091.....	1,795.....	374.....	32.....	8.....	113.....	2.....	59.....	1,556.....	XXX.....	
4. 2017.....	2,553.....	449.....	2,104.....	1,759.....	356.....	25.....	6.....	92.....	2.....	55.....	1,512.....	XXX.....	
5. 2018.....	2,037.....	393.....	1,644.....	1,059.....	53.....	13.....	3.....	69.....	(3).....	42.....	1,088.....	XXX.....	
6. 2019.....	1,946.....	376.....	1,570.....	1,304.....	299.....	11.....	4.....	76.....	1.....	46.....	1,087.....	XXX.....	
7. 2020.....	1,952.....	327.....	1,625.....	1,032.....	141.....	16.....	6.....	81.....	0.....	34.....	982.....	XXX.....	
8. 2021.....	1,944.....	306.....	1,638.....	1,369.....	315.....	10.....	1.....	88.....	0.....	66.....	1,151.....	XXX.....	
9. 2022.....	1,997.....	316.....	1,681.....	1,273.....	201.....	8.....	2.....	89.....	0.....	66.....	1,167.....	XXX.....	
10. 2023.....	2,183.....	354.....	1,829.....	1,424.....	184.....	9.....	1.....	89.....	3.....	38.....	1,334.....	XXX.....	
11. 2024	2,418	429	1,989	1,227	140	3	1	73	1	34	1,161	XXX	
12. Totals	XXX	XXX	XXX	13,931	2,567	161	39	878	19	516	12,345	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 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.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
2. 2015.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
3. 2016.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
4. 2017.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
5. 2018.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....			
6. 2019.....	3.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	0.....			
7. 2020.....	3.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	0.....	3.....	0.....			
8. 2021.....	9.....	0.....	0.....	0.....	2.....	0.....	0.....	0.....	0.....	0.....	1.....	11.....	0.....			
9. 2022.....	10.....	0.....	18.....	8.....	2.....	0.....	2.....	0.....	0.....	0.....	2.....	24.....	0.....			
10. 2023.....	36.....	0.....	34.....	17.....	1.....	0.....	6.....	2.....	2.....	0.....	5.....	60.....	2.....			
11. 2024	124	18	147	63	1	0	37	11	18	0	37	235	14			
12. Totals	185	18	199	88	6	0	45	13	20	0	45	336	16			

	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
	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.....	0.....	0.....	XXX.....	0.....	0.....
2. 2015.....	1,830.....	524.....	1,306.....	63.0.....	56.5.....	66.1.....	0.....	0.....	0.....	0.....	0.....
3. 2016.....	1,940.....	384.....	1,556.....	69.7.....	55.6.....	74.4.....	0.....	0.....	0.....	0.....	0.....
4. 2017.....	1,876.....	364.....	1,512.....	73.5.....	81.1.....	71.9.....	0.....	0.....	0.....	0.....	0.....
5. 2018.....	1,141.....	53.....	1,088.....	56.0.....	13.5.....	66.2.....	0.....	0.....	0.....	0.....	0.....
6. 2019.....	1,394.....	304.....	1,090.....	71.6.....	80.9.....	69.4.....	0.....	0.....	0.....	3.....	0.....
7. 2020.....	1,132.....	147.....	985.....	58.0.....	45.0.....	60.6.....	0.....	0.....	0.....	3.....	0.....
8. 2021.....	1,478.....	316.....	1,162.....	76.0.....	103.3.....	70.9.....	0.....	0.....	0.....	9.....	2.....
9. 2022.....	1,402.....	211.....	1,191.....	70.2.....	66.8.....	70.9.....	0.....	0.....	0.....	20.....	4.....
10. 2023.....	1,601.....	207.....	1,394.....	73.3.....	58.5.....	76.2.....	0.....	0.....	0.....	53.....	7.....
11. 2024	1,630	234	1,396	67.4	54.5	70.2	0	0	XXX	190	45
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	278	58

Note: Parts 2 and 4 are gross of all discounting, including tabular discounting. Part 1 is gross of only nontabular discounting, which is reported in Columns 32 and 33 of Part 1. The tabular discount, if any, is reported in the Notes to Financial Statements which will reconcile Part 1 with Parts 2 and 4.

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE P - PART 2 - SUMMARY

Years in Which Losses Were Incurred	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										DEVELOPMENT	
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024	11 One Year	12 Two Year
1. Prior.....	210	155	164	167	166	115	105	100	100	101	1	1
2. 2015.....	1,189	1,213	1,221	1,215	1,214	1,212	1,212	1,212	1,212	1,211	(1)	(1)
3. 2016.....	XXX	1,395	1,485	1,485	1,446	1,442	1,446	1,445	1,445	1,445	0	0
4. 2017.....	XXX	XXX	1,428	1,478	1,454	1,418	1,422	1,422	1,422	1,422	0	0
5. 2018.....	XXX	XXX	XXX	1,078	1,038	1,029	1,014	1,020	1,016	1,016	0	(4)
6. 2019.....	XXX	XXX	XXX	XXX	1,063	1,055	1,038	1,017	1,017	1,015	(2)	(2)
7. 2020.....	XXX	XXX	XXX	XXX	XXX	957	937	917	906	904	(2)	(13)
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	1,127	1,079	1,079	1,074	(5)	(5)
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,139	1,102	1,102	0	(37)
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,298	1,306	8	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,306	XXX	XXX
										12. Totals	(1)	(61)

SCHEDULE P - PART 3 - SUMMARY

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										11 Number of Claims Closed With Loss Payment	12 Number of Claims Closed Without Loss Payment
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024		
1. Prior.....	000	95	143	162	164	115	105	100	100	101	XXX	XXX
2. 2015.....	889	1,084	1,168	1,205	1,211	1,212	1,212	1,212	1,212	1,211	XXX	XXX
3. 2016.....	XXX	1,111	1,354	1,403	1,430	1,438	1,444	1,445	1,445	1,445	XXX	XXX
4. 2017.....	XXX	XXX	1,138	1,340	1,412	1,419	1,422	1,422	1,422	1,422	XXX	XXX
5. 2018.....	XXX	XXX	XXX	850	974	999	1,003	1,009	1,016	1,016	XXX	XXX
6. 2019.....	XXX	XXX	XXX	XXX	823	972	1,012	1,014	1,014	1,012	XXX	XXX
7. 2020.....	XXX	XXX	XXX	XXX	XXX	720	851	887	894	901	XXX	XXX
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	825	1,015	1,046	1,063	XXX	XXX
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	993	1,041	1,078	XXX	XXX
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,113	1,248	XXX	XXX
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1,089	XXX	XXX

SCHEDULE P - PART 4 - SUMMARY

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)										10
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	2024	
1. Prior.....	87	16	0	0	0	0	0	0	0	0	0
2. 2015.....	143	54	17	0	0	0	0	0	0	0	0
3. 2016.....	XXX	132	60	21	0	0	0	0	0	0	0
4. 2017.....	XXX	XXX	153	62	19	0	0	0	0	0	0
5. 2018.....	XXX	XXX	XXX	135	38	17	0	0	0	0	0
6. 2019.....	XXX	XXX	XXX	XXX	135	34	16	0	0	0	0
7. 2020.....	XXX	XXX	XXX	XXX	XXX	133	34	15	0	0	0
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	137	27	13	0	0
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	115	22	12	0
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	102	21	0
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	110	0

ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY

SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	1 Active Status (a)	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies Not Taken		4 Dividends Paid or Credited to Policyholders on Direct Business	5 Direct Losses Paid (Deducting Salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Finance and Service Charges Not Included in Premiums	9 Direct Premiums Written for Federal Purchasing Groups (Included in Column 2)
		2 Direct Premiums Written	3 Direct Premiums Earned						
1. Alabama	AL	N.							
2. Alaska	AK	N.							
3. Arizona	AZ	N.							
4. Arkansas	AR	N.							
5. California	CA	N.							
6. Colorado	CO	N.							
7. Connecticut	CT	N.							
8. Delaware	DE	N.							
9. District of Columbia	DC	N.							
10. Florida	FL	N.							
11. Georgia	GA	N.							
12. Hawaii	HI	N.							
13. Idaho	ID	N.							
14. Illinois	IL	N.							
15. Indiana	IN	L.	0	0	0	0	0	0	
16. Iowa	IA	N.							
17. Kansas	KS	N.							
18. Kentucky	KY	N.							
19. Louisiana	LA	N.							
20. Maine	ME	N.							
21. Maryland	MD	N.							
22. Massachusetts	MA	N.							
23. Michigan	MI	N.							
24. Minnesota	MN	N.							
25. Mississippi	MS	N.							
26. Missouri	MO	N.							
27. Montana	MT	N.							
28. Nebraska	NE	N.							
29. Nevada	NV	N.							
30. New Hampshire	NH	N.							
31. New Jersey	NJ	N.							
32. New Mexico	NM	N.							
33. New York	NY	N.							
34. North Carolina	NC	N.							
35. North Dakota	ND	N.							
36. Ohio	OH	L.	2,249,302	2,119,247	0	1,199,916	1,207,968	389,900	8,056
37. Oklahoma	OK	N.							
38. Oregon	OR	N.							
39. Pennsylvania	PA	N.							
40. Rhode Island	RI	N.							
41. South Carolina	SC	N.							
42. South Dakota	SD	N.							
43. Tennessee	TN	N.							
44. Texas	TX	N.							
45. Utah	UT	N.							
46. Vermont	VT	N.							
47. Virginia	VA	N.							
48. Washington	WA	N.							
49. West Virginia	WV	N.							
50. Wisconsin	WI	N.							
51. Wyoming	WY	N.							
52. American Samoa	AS	N.							
53. Guam	GU	N.							
54. Puerto Rico	PR	N.							
55. U.S. Virgin Islands	VI	N.							
56. Northern Mariana Islands	MP	N.							
57. Canada	CAN	N.							
58. Aggregate other alien ..	OT	XXX.	0	0	0	0	0	0	0
59. Totals		XXX	2,249,302	2,119,247	0	1,199,916	1,207,968	389,900	8,056
DETAILS OF WRITE-INS									
58001.		XXX.							
58002.		XXX.							
58003.		XXX.							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX.	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

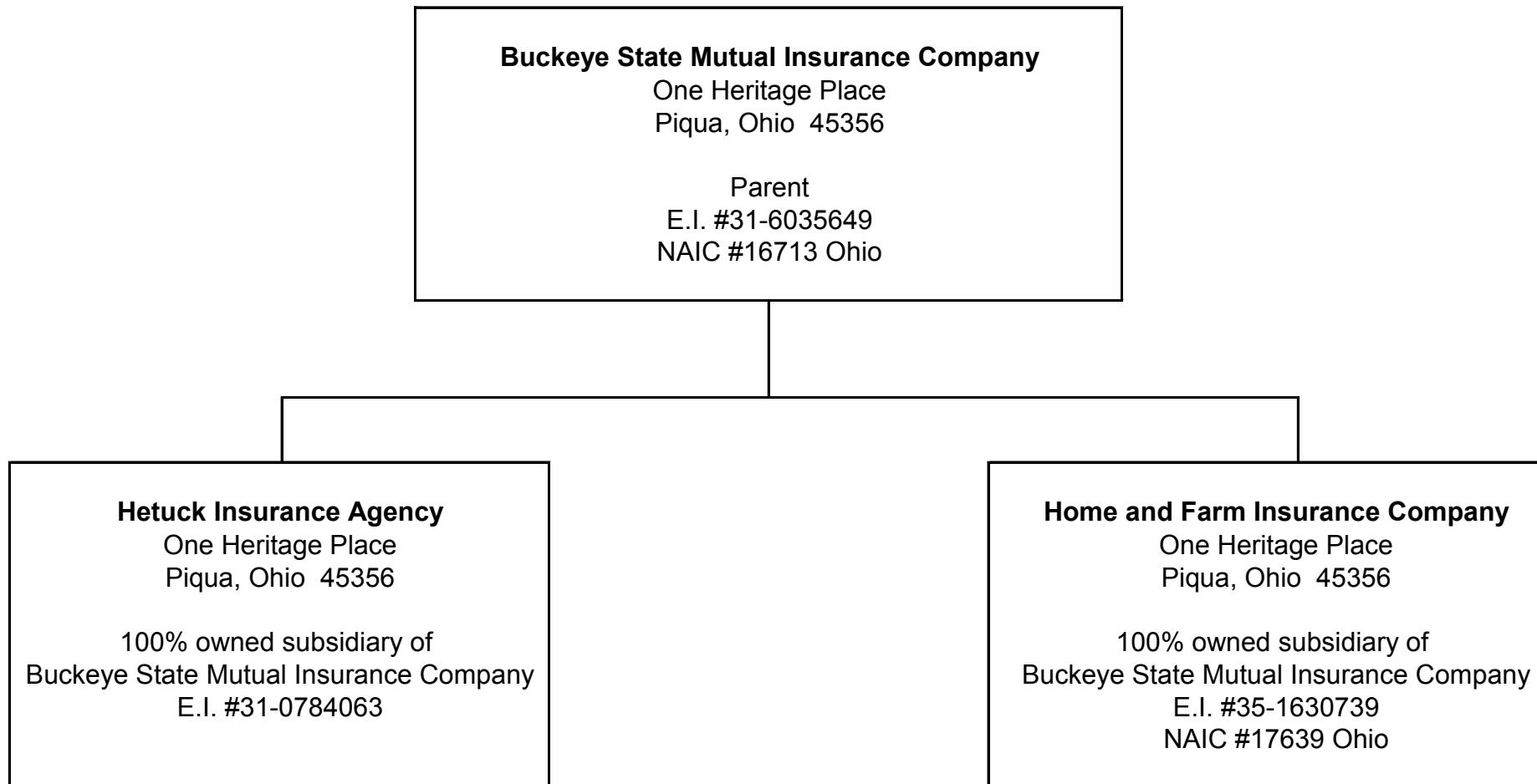
(a) Active Status Counts:

1. L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 2. Q - Qualified - Qualified or accredited reinsurer..... 0
 2. R - Registered - Non-domiciled RRGs..... 0 5. D - Domestic Surplus Lines Insurer (DSL) - Reporting entities
 3. E - Eligible - Reporting entities eligible or approved to write surplus lines in the state
 (other than their state of domicile - see DSL)..... 0 6. N - None of the above - Not allowed to write business in the state... 55
 0

(b) Explanation of basis of allocation of premiums by states, etc.

Premium is spread based on the location of risk.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2024 OF THE HOME AND FARM INSURANCE COMPANY
OVERFLOW PAGE FOR WRITE-INS

NONE