



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**ANNUAL STATEMENT**  
**For the Year Ended December 31, 2016**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**GRANGE INDEMNITY INSURANCE COMPANY**

NAIC Group Code	00267 (Current Period)	00267 (Prior Period)	NAIC Company Code	10322	Employer's ID Number	31-1432675
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	03/10/1995		Commenced Business	08/03/1995		
Statutory Home Office	671 South High Street (Street and Number)		Columbus, OH, US 43206-1014 (City or Town, State, Country and Zip Code)		614-445-2900 (Area Code) (Telephone Number)	
Main Administrative Office	671 South High Street (Street and Number)		Columbus, OH, US 43206-1014 (City or Town, State, Country and Zip Code)		614-445-2900 (Area Code) (Telephone Number)	
Mail Address	671 South High Street, P.O. Box 1218 (Street and Number or P.O. Box)		Columbus, OH, US 43216-1218 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	671 South High Street (Street and Number)		Columbus, OH, US 43206-1014 (City or Town, State, Country and Zip Code)		614-445-2900 (Area Code) (Telephone Number)	
Internet Web Site Address	www.grangeinsurance.com					
Statutory Statement Contact	David Sidney Ackermann (Name)		614-445-2900 (Area Code) (Telephone Number) (Extension)			
	ackermannd@grangeinsurance.com (E-Mail Address)		614-449-3757 (Fax Number)			

**OFFICERS**

Name	Title	Name	Title
JOHN (NMN) AMMENDOLA	PRESIDENT & CEO	LAVAWN DEE COLEMAN	EVP & SECRETARY
TERESA JEAN DALENTA #	EVP & CFO		

**OTHER OFFICERS**

JOHN CHRISTOPHER MONTGOMERY	VP - INVESTMENTS
-----------------------------	------------------

**DIRECTORS OR TRUSTEES**

JOHN (NMN) AMMENDOLA	MARK LEWIS BOXER	DOUGLAS PAUL BUTH	GLENN EUGENE CORLETT
TERESA JEAN DALENTA #	MICHAEL DESMOND FRAIZER #	ROBERT ENLOW HOYT	MARY MARNETTE PERRY
THOMAS SIMRALL STEWART	DAVID CHARLES WETMORE	CHRISTIANNA (NMN) WOOD	

State of .....Ohio.....

ss

County of .....Franklin.....

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 (NMN) AMMENDOLA  
PRESIDENT & CEO

LAVAWN DEE COLEMAN  
EVP & SECRETARY

TERESA JEAN DALENTA  
EVP & CFO

a. Is this an original filing? Yes [ X ] No [ ]  
 b. If no:  
 1. State the amendment number \_\_\_\_\_  
 2. Date filed \_\_\_\_\_  
 3. Number of pages attached \_\_\_\_\_

Subscribed and sworn to before me  
this 21st day of February, 2017

Teresa J. Burchwell, Notary Public  
April 28, 2017

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY 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).....	94,410,858		94,410,858	85,419,665
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 (\$ ..... 692,901 , Schedule E-Part 1), cash equivalents (\$ ..... 0 , Schedule E-Part 2) and short-term investments (\$ ..... 0 , Schedule DA).....	692,901		692,901	1,389,354
6. Contract loans (including \$ ..... premium notes).....			0	0
7. Derivatives (Schedule DB).....	0		0	0
8. Other invested assets (Schedule BA).....	0		0	0
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets (Schedule DL).....			0	3,903,961
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	95,103,759	0	95,103,759	90,712,980
13. Title plants less \$ ..... charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	962,755		962,755	879,403
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	9,462,804	55,791	9,407,013	9,487,995
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... 37,290 earned but unbilled premiums).....	38,739	1,449	37,290	29,643
15.3 Accrued retrospective premiums (\$ ..... ) and contracts subject to redetermination (\$ ..... ) .....			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....			0	0
16.2 Funds held by or deposited with reinsured companies .....			0	0
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 .....			0	0
18.2 Net deferred tax asset.....	1,468,833		1,468,833	1,499,661
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....			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 .....	928,602		928,602	1,657,092
24. Health care (\$ ..... ) and other amounts receivable.....			0	0
25. Aggregate write-ins for other-than-invested assets .....	38,636	0	38,636	31,228
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	108,004,128	57,240	107,946,888	104,298,002
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27) .....	108,004,128	57,240	107,946,888	104,298,002
<b>DETAILS OF WRITE-INS</b>				
1101. ....			0	0
1102. ....			0	0
1103. ....			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above) .....	0	0	0	0
2501. Equities in Pools.....	38,636		38,636	31,228
2502. ....			0	0
2503. ....			0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above) .....	38,636	0	38,636	31,228

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Losses (Part 2A, Line 35, Column 8)	21,420,510	21,218,965
2. Reinsurance payable on paid losses and loss adjustment expenses (Schedule F, Part 1, Column 6)	0	0
3. Loss adjustment expenses (Part 2A, Line 35, Column 9)	6,434,298	5,742,174
4. Commissions payable, contingent commissions and other similar charges	972,844	810,755
5. Other expenses (excluding taxes, licenses and fees)	1,580,268	1,288,010
6. Taxes, licenses and fees (excluding federal and foreign income taxes)	514,027	533,919
7.1 Current federal and foreign income taxes (including \$ (10,665) on realized capital gains (losses))	2,279,990	1,255,582
7.2 Net deferred tax liability	0	0
8. Borrowed money \$ and interest thereon \$	0	0
9. Unearned premiums (Part 1A, Line 38, Column 5) (after deducting unearned premiums for ceded reinsurance of \$ 42,068,796 and including warranty reserves of \$ and accrued accident and health experience rating refunds including \$ for medical loss ratio rebate per the Public Health Service Act)	18,688,843	19,189,534
10. Advance premium	311,775	(100,271)
11. Dividends declared and unpaid:		
11.1 Stockholders	0	0
11.2 Policyholders	97,714	79,968
12. Ceded reinsurance premiums payable (net of ceding commissions)	0	0
13. Funds held by company under reinsurance treaties (Schedule F, Part 3, Column 19)	0	0
14. Amounts withheld or retained by company for account of others	0	0
15. Remittances and items not allocated	0	0
16. Provision for reinsurance (including \$ certified) (Schedule F, Part 8)	0	0
17. Net adjustments in assets and liabilities due to foreign exchange rates	0	0
18. Drafts outstanding	0	0
19. Payable to parent, subsidiaries and affiliates	0	0
20. Derivatives	0	0
21. Payable for securities	0	0
22. Payable for securities lending	3,903,961	0
23. Liability for amounts held under uninsured plans	0	0
24. Capital notes \$ and interest thereon \$	0	0
25. Aggregate write-ins for liabilities	0	0
26. Total liabilities excluding protected cell liabilities (Lines 1 through 25)	52,300,270	53,922,597
27. Protected cell liabilities	0	0
28. Total liabilities (Lines 26 and 27)	52,300,270	53,922,597
29. Aggregate write-ins for special surplus funds	0	0
30. Common capital stock	2,000,000	2,000,000
31. Preferred capital stock	0	0
32. Aggregate write-ins for other-than-special surplus funds	0	0
33. Surplus notes	0	0
34. Gross paid in and contributed surplus	5,000,000	5,000,000
35. Unassigned funds (surplus)	48,646,618	43,375,405
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 30 \$ )	0	0
36.2 shares preferred (value included in Line 31 \$ )	0	0
37. Surplus as regards policyholders (Lines 29 to 35, less 36) (Page 4, Line 39)	55,646,618	50,375,405
38. Totals (Page 2, Line 28, Col. 3)	107,946,888	104,298,002
<b>DETAILS OF WRITE-INS</b>		
2501.	0	0
2502.	0	0
2503.	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	0	0
2901.	0	0
2902.	0	0
2903.	0	0
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.	0	0
3202.	0	0
3203.	0	0
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 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**STATEMENT OF INCOME**

	1 Current Year	2 Prior Year
<b>UNDERWRITING INCOME</b>		
1. Premiums earned (Part 1, Line 35, Column 4) .....	47,313,024	49,013,534
DEDUCTIONS:		
2. Losses incurred (Part 2, Line 35, Column 7) .....	23,506,772	28,079,261
3. Loss adjustment expenses incurred (Part 3, Line 25, Column 1) .....	5,953,435	5,808,682
4. Other underwriting expenses incurred (Part 3, Line 25, Column 2) .....	15,155,564	14,979,661
5. Aggregate write-ins for underwriting deductions .....	0	0
6. Total underwriting deductions (Lines 2 through 5) .....	44,615,770	48,867,604
7. Net income of protected cells .....	2,697,254	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 plus Line 7) .....	2,697,254	145,930
<b>INVESTMENT INCOME</b>		
9. Net investment income earned (Exhibit of Net Investment Income, Line 17) .....	2,969,840	2,877,779
10. Net realized capital gains (losses) less capital gains tax of \$ (10,665) (Exhibit of Capital Gains (Losses)) .....	(19,805)	(1,830)
11. Net investment gain (loss) (Lines 9 + 10) .....	2,950,035	2,875,949
<b>OTHER INCOME</b>		
12. Net gain (loss) from agents' or premium balances charged off (amount recovered \$ charged off \$ 268,145) .....	4,937	amount (263,208) (285,432)
13. Finance and service charges not included in premiums .....	2,211,543	1,983,812
14. Aggregate write-ins for miscellaneous income .....	140,501	196,012
15. Total other income (Lines 12 through 14) .....	2,088,836	1,894,392
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15) .....	7,736,125	4,916,271
17. Dividends to policyholders .....	144,336	131,950
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) .....	7,591,789	4,784,321
19. Federal and foreign income taxes incurred .....	2,290,655	1,256,568
20. Net income (Line 18 minus Line 19) (to Line 22) .....	5,301,134	3,527,753
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
21. Surplus as regards policyholders, December 31 prior year (Page 4, Line 39, Column 2) .....	50,375,405	46,913,600
22. Net income (from Line 20) .....	5,301,134	3,527,753
23. Net transfers (to) from Protected Cell accounts .....	0	
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$ .....	0	
25. Change in net unrealized foreign exchange capital gain (loss) .....	0	
26. Change in net deferred income tax .....	(30,828)	(81,927)
27. Change in nonadmitted assets (Exhibit of Nonadmitted Assets, Line 28, Col. 3) .....	908	15,979
28. Change in provision for reinsurance (Page 3, Line 16, Column 2 minus Column 1) .....	0	0
29. Change in surplus notes .....	0	
30. Surplus (contributed to) withdrawn from protected cells .....	0	
31. Cumulative effect of changes in accounting principles .....	0	
32. Capital changes:		
32.1 Paid in .....	0	
32.2 Transferred from surplus (Stock Dividend) .....	0	
32.3 Transferred to surplus .....	0	
33. Surplus adjustments:		
33.1 Paid in .....	0	
33.2 Transferred to capital (Stock Dividend) .....	0	
33.3 Transferred from capital .....	0	
34. Net remittances from or (to) Home Office .....	0	
35. Dividends to stockholders .....	0	
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) .....	5,271,214	3,461,805
39. Surplus as regards policyholders, December 31 current year (Line 21 plus Line 38) (Page 3, Line 37) .....	55,646,618	50,375,405
<b>DETAILS OF WRITE-INS</b>		
0501. .....	0	
0502. .....	0	
0503. .....	0	
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. Miscellaneous Income .....	140,501	196,012
1402. .....	0	
1403. .....	0	
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) .....	140,501	196,012
3701. .....	0	
3702. .....	0	
3703. .....	0	
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 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums collected net of reinsurance.....	47,298,622	49,292,313
2. Net investment income.....	3,470,773	3,273,948
3. Miscellaneous income.....	2,088,836	1,894,392
4. Total (Lines 1 through 3).....	52,858,232	54,460,653
5. Benefit and loss related payments.....	23,305,226	25,292,362
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions.....	19,982,419	20,275,044
8. Dividends paid to policyholders.....	126,590	105,589
9. Federal and foreign income taxes paid (recovered) net of \$ (10,665) tax on capital gains (losses).....	1,255,582	1,188,737
10. Total (Lines 5 through 9).....	44,669,817	46,861,732
11. Net cash from operations (Line 4 minus Line 10).....	8,188,415	7,598,921
<b>Cash from Investments</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	13,210,096	14,549,214
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).....	13,210,096	14,549,214
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	22,816,044	21,416,591
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).....	22,816,044	21,416,591
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).....	(9,605,948)	(6,867,377)
<b>Cash from Financing and Miscellaneous Sources</b>		
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).....	721,080	(481,704)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	721,080	(481,704)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(696,453)	249,840
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,389,354	1,139,515
19.2 End of year (Line 18 plus Line 19.1).....	692,901	1,389,354

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY 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 .....	699,424	380,933	382,551	697,807
2. Allied lines .....	369,657	204,197	202,262	371,591
3. Farmowners multiple peril .....	714,089	385,062	358,587	740,564
4. Homeowners multiple peril .....	10,449,268	5,921,943	5,701,394	10,669,817
5. Commercial multiple peril .....	4,625,506	2,354,682	2,247,975	4,732,213
6. Mortgage guaranty .....	0	0	0	0
8. Ocean marine .....	0	0	0	0
9. Inland marine .....	339,210	176,496	167,760	347,946
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 .....	83,922	48,874	45,789	87,007
13. Group accident and health .....	0	0	0	0
14. Credit accident and health (group and individual) .....	0	0	0	0
15. Other accident and health .....	0	0	0	0
16. Workers' compensation .....	1,672,587	633,865	700,785	1,605,666
17.1 Other liability-occurrence .....	568,131	364,219	357,740	574,609
17.2 Other liability-claims-made .....	7,322	3,916	3,361	7,876
17.3 Excess workers' compensation .....	0	0	0	0
18.1 Products liability-occurrence .....	617	473	624	466
18.2 Products liability-claims-made .....	0	0	0	0
19.1,19.2 Private passenger auto liability .....	12,641,442	3,558,760	3,572,647	12,627,555
19.3,19.4 Commercial auto liability .....	2,974,076	1,669,789	1,416,202	3,227,662
21. Auto physical damage .....	11,666,409	3,486,097	3,530,896	11,621,610
22. Aircraft (all perils) .....	0	0	0	0
23. Fidelity .....	0	0	0	0
24. Surety .....	0	0	0	0
26. Burglary and theft .....	675	227	269	634
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 .....	46,812,333	19,189,534	18,688,843	47,313,024
<b>DETAILS OF WRITE-INS</b>				
3401. ....	0	0	0	0
3402. ....	0	0	0	0
3403. ....	0	0	0	0
3498. Sum. 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 2016 OF THE GRANGE INDEMNITY 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 .....	382,551				382,551
2. Allied lines .....	202,262				202,262
3. Farmowners multiple peril .....	358,587				358,587
4. Homeowners multiple peril .....	5,701,394				5,701,394
5. Commercial multiple peril .....	2,247,975				2,247,975
6. Mortgage guaranty .....					0
8. Ocean marine .....					0
9. Inland marine .....	167,760				167,760
10. Financial guaranty .....					0
11.1 Medical professional liability-occurrence .....					0
11.2 Medical professional liability-claims-made .....					0
12. Earthquake .....	45,789				45,789
13. Group accident and health .....					0
14. Credit accident and health (group and individual) .....					0
15. Other accident and health .....					0
16. Workers' compensation .....	700,785				700,785
17.1 Other liability-occurrence .....	357,740				357,740
17.2 Other liability-claims-made .....	3,361				3,361
17.3 Excess workers' compensation .....					0
18.1 Products liability-occurrence .....	624				624
18.2 Products liability-claims-made .....					0
19.1,19.2 Private passenger auto liability .....	3,572,647				3,572,647
19.3,19.4 Commercial auto liability .....	1,416,202				1,416,202
21. Auto physical damage .....	3,530,896				3,530,896
22. Aircraft (all perils) .....					0
23. Fidelity .....					0
24. Surety .....					0
26. Burglary and theft .....	269				269
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 .....	18,688,843	0	0	0	18,688,843
36. Accrued retrospective premiums based on experience .....					
37. Earned but unbilled premiums .....					
38. Balance (Sum of Lines 35 through 37) .....					18,688,843
<b>DETAILS OF WRITE-INS</b>					
3401. ....					0
3402. ....					0
3403. ....					0
3498. Sum. 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.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 1B - PREMIUMS WRITTEN**

Line of Business	1 Direct Business (a)	Reinsurance Assumed		Reinsurance Ceded		6 Net Premiums Written Cols. 1 + 2 + 3 - 4 - 5
		2 From Affiliates	3 From Non-Affiliates	4 To Affiliates	5 To Non-Affiliates	
1. Fire .....		699,424				699,424
2. Allied lines .....		369,657				369,657
3. Farmowners multiple peril .....		714,089				714,089
4. Homeowners multiple peril .....	1,152,801	10,449,268		1,133,133	19,668	10,449,268
5. Commercial multiple peril .....		4,625,506				4,625,506
6. Mortgage guaranty .....						0
8. Ocean marine .....						0
9. Inland marine .....	15,819	339,210		15,632	.187	339,210
10. Financial guaranty .....						0
11.1 Medical professional liability-occurrence .....						0
11.2 Medical professional liability-claims-made .....						0
12. Earthquake .....	4,826	83,922		4,741	.86	83,922
13. Group accident and health .....						0
14. Credit accident and health (group and individual) .....						0
15. Other accident and health .....						0
16. Workers' compensation .....		1,672,587				1,672,587
17.1 Other liability-occurrence .....	14,508	568,131		14,508		568,131
17.2 Other liability-claims-made .....		7,322				7,322
17.3 Excess workers' compensation .....						0
18.1 Products liability-occurrence .....		.617				.617
18.2 Products liability-claims-made .....						0
19.1, 19.2 Private passenger auto liability .....	38,482,285	12,641,442		38,380,756	101,529	12,641,442
19.3, 19.4 Commercial auto liability .....	18,368,558	2,974,076	299,098	18,595,828	.71,828	2,974,076
21. Auto physical damage .....	38,435,784	11,666,409	.946	38,175,532	.261,198	11,666,409
22. Aircraft (all perils) .....						0
23. Fidelity .....						0
24. Surety .....						0
26. Burglary and theft .....		675				675
27. Boiler and machinery .....						0
28. Credit .....						0
29. International .....						0
30. Warranty .....						0
31. Reinsurance-nonproportional assumed property .....	XXX					0
32. Reinsurance-nonproportional assumed liability .....	XXX					0
33. Reinsurance-nonproportional assumed financial lines .....	XXX					0
34. Aggregate write-ins for other lines of business .....	0	0	0	0	0	0
35. TOTALS .....	96,474,581	46,812,333	300,044	96,320,130	454,495	46,812,333
<b>DETAILS OF WRITE-INS</b>						
3401. ....						0
3402. ....						0
3403. ....						0
3498. Sum. 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 recorded on an annualized basis \$ .....

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**UNDERWRITING AND INVESTMENT EXHIBIT**

**PART 2 - LOSSES PAID AND INCURRED**

Line of Business	Direct Business	Losses Paid Less Salvage				5 Net Losses Unpaid Current Year (Part 2A, Col. 8)	6 Net Losses Unpaid Prior Year	7 Losses Incurred Current Year (Cols. 4 + 5 - 6)	8 Percentage of Losses Incurred (Col. 7, Part 2) to Premiums Earned (Col. 4, Part 1)
		1 Reinsurance Assumed	2 Reinsurance Recovered	3 Net Payments (Cols. 1 + 2 - 3)	4				
1. Fire .....		318,701		318,701		58,430	49,223	327,908	47.0
2. Allied lines .....		107,129		107,129		33,506	45,657	94,978	25.6
3. Farmowners multiple peril .....		237,519		237,519		114,492	139,028	212,983	28.8
4. Homeowners multiple peril .....	55,729	3,820,670	55,729	3,820,670		1,151,615	1,104,812	3,867,473	36.2
5. Commercial multiple peril .....		1,825,739		1,825,739		3,357,429	3,181,561	2,001,607	42.3
6. Mortgage guaranty .....				0		0	0	0	0.0
8. Ocean marine .....				0		0	0	0	0.0
9. Inland marine .....		128,837		128,837		20,039	32,547	116,330	33.4
10. Financial guaranty .....				0		0	0	0	0.0
11.1 Medical professional liability-occurrence .....				0		0	0	0	0.0
11.2 Medical professional liability-claims-made .....				0		0	0	0	0.0
12. Earthquake .....				0		1	0	1	0.0
13. Group accident and health .....		26		26		0	800	(774)	0.0
14. Credit accident and health (group and individual) .....				0		0	0	0	0.0
15. Other accident and health .....				0		0	0	0	0.0
16. Workers' compensation .....		676,120		676,120		1,323,794	1,470,489	529,425	33.0
17.1 Other liability-occurrence .....		282,214		282,214		733,429	927,549	88,094	15.3
17.2 Other liability-claims-made .....		18,968		18,968		14,349	15,769	17,547	222.8
17.3 Excess workers' compensation .....				0		0	0	0	0.0
18.1 Products liability-occurrence .....		148		148		1,651	1,975	(177)	(38.0)
18.2 Products liability-claims-made .....				0		0	0	0	0.0
19.1,19.2 Private passenger auto liability .....	16,288,802	7,841,150	16,288,802	7,841,150		8,954,759	8,442,621	8,353,287	66.2
19.3,19.4 Commercial auto liability .....	17,460,552	2,118,802	17,530,101	2,049,253		5,621,293	5,802,806	1,867,740	57.9
21. Auto physical damage .....	19,481,071	5,998,823	19,481,140	5,998,754		35,640	4,044	6,030,350	51.9
22. Aircraft (all perils) .....				0		20	20	0	0.0
23. Fidelity .....				0		0	0	0	0.0
24. Surety .....				0		27	27	0	0.0
26. Burglary and theft .....				0		37	36	0	0.0
27. Boiler and machinery .....				0		0	0	0	0.0
28. Credit .....				0		0	0	0	0.0
29. International .....				0		0	0	0	0.0
30. Warranty .....				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 .....	53,286,153	23,374,844	53,355,771	23,305,226		21,420,510	21,218,965	23,506,772	49.7
<b>DETAILS OF WRITE-INS</b>									
3401. ....				0		0	0	0	0.0
3402. ....				0		0	0	0	0.0
3403. ....				0		0	0	0	0.0
3498. Sum. 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 + 3498) (Line 34 above) .....	0	0	0	0		0	0	0	0.0

## ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY 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		26,845		.26,845		31,585		.58,430	27,404
2. Allied lines		.15,998		.15,998		.17,508		.33,506	.17,489
3. Farmowners multiple peril		.68,271		.68,271		.46,221		.114,492	.37,911
4. Homeowners multiple peril	(756)	.799,537	(756)	.799,537	.5,368	.352,078	.5,368	.1,151,615	.477,477
5. Commercial multiple peril		1,613,784		1,613,784		1,743,646		3,357,429	1,791,616
6. Mortgage guaranty				0				0	
8. Ocean marine				0				0	
9. Inland marine		8,196		.8,196	.54	11,844	.54	.20,039	.11,359
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		.1		1	243
13. Group accident and health				0				(a)	0
14. Credit accident and health (group and individual)				0				0	
15. Other accident and health				0				(a)	0
16. Workers' compensation		707,282		707,282		.616,512		.1,323,794	.304,421
17.1 Other liability-occurrence		.225,342		.225,342	.2,327	.508,086	.2,327	.733,429	.30,397
17.2 Other liability-claims-made		.10,718		.10,718		.3,631		.14,349	.3,906
17.3 Excess workers' compensation				0				0	
18.1 Products liability-occurrence		1,224		1,224		.427		.1,651	1,023
18.2 Products liability-claims-made				0				0	
19.1,19.2 Private passenger auto liability		12,497,251		.6,275,980	.5,512,940	2,678,779	.5,512,940	.8,954,759	.2,320,970
19.3,19.4 Commercial auto liability		24,393,342		.3,102,510	.24,542,075	.24,311,484	.2701,170	.24,345,138	.5,621,293
21. Auto physical damage	(806,266)	(327,934)	(806,288)	(327,912)	.1,225,021	.363,573	.1,225,041	.35,640	.413,482
22. Aircraft (all perils)			20	20				20	
23. Fidelity				0				0	
24. Surety			27	27				27	
26. Burglary and theft				0		.37		.37	.3
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	36,083,571	12,527,800	36,232,282	12,379,089	31,057,194	9,075,096	31,090,868	21,420,510	6,434,298
<b>DETAILS OF WRITE-INS</b>									
3401.					0			0	
3402.					0			0	
3403.					0			0	
3498. Sum. 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 + 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0

(a) Including \$ ..... for present value of life indemnity claims.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY 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 .....	5,663,078			5,663,078
1.2 Reinsurance assumed .....	1,664,713			1,664,713
1.3 Reinsurance ceded .....	5,663,078			5,663,078
1.4 Net claim adjustment services (1.1 + 1.2 - 1.3) .....	1,664,713	0	0	1,664,713
2. Commission and brokerage:				
2.1 Direct, excluding contingent .....		12,539,018		12,539,018
2.2 Reinsurance assumed, excluding contingent .....		6,826,861		6,826,861
2.3 Reinsurance ceded, excluding contingent .....		12,539,018		12,539,018
2.4 Contingent-direct .....		1,529,773		1,529,773
2.5 Contingent-reinsurance assumed .....		1,024,426		1,024,426
2.6 Contingent-reinsurance ceded .....		1,529,773		1,529,773
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	7,851,287	0	7,851,287
3. Allowances to manager and agents .....	531	96,061		96,592
4. Advertising .....	313	61,509		61,822
5. Boards, bureaus and associations .....	35,871	89,698	209	125,778
6. Surveys and underwriting reports .....		379,986		379,986
7. Audit of assureds' records .....		25,989		25,989
8. Salary and related items:				
8.1 Salaries .....	2,303,392	2,760,534	43,575	5,107,500
8.2 Payroll taxes .....	154,139	211,257	4,848	370,244
9. Employee relations and welfare .....	629,614	702,654	20,529	1,352,798
10. Insurance .....	28,334	30,066	4,213	62,613
11. Directors' fees .....	21,874	31,224	585	53,682
12. Travel and travel items .....	77,188	85,508	1,326	164,022
13. Rent and rent items .....	92,709	21,323	205,877	319,908
14. Equipment .....	96,690	162,200		258,890
15. Cost or depreciation of EDP equipment and software .....	49,577	145,377		194,954
16. Printing and stationery .....	15,161	41,329	555	57,045
17. Postage, telephone and telegraph, exchange and express .....	89,050	304,179	7,378	400,606
18. Legal and auditing .....	14,283	36,154	354	50,791
19. Totals (Lines 3 to 18) .....	3,608,725	5,185,048	289,449	9,083,222
20. Taxes, licenses and fees:				
20.1 State and local insurance taxes deducting guaranty association credits of \$ .....		924,703		924,703
20.2 Insurance department licenses and fees .....		97,852		97,852
20.3 Gross guaranty association assessments .....		(6,943)		(6,943)
20.4 All other (excluding federal and foreign income and real estate) .....		30,289		30,289
20.5 Total taxes, licenses and fees (20.1 + 20.2 + 20.3 + 20.4) .....	0	1,045,902	0	1,045,902
21. Real estate expenses .....				0
22. Real estate taxes .....				0
23. Reimbursements by uninsured plans .....				0
24. Aggregate write-ins for miscellaneous expenses .....	679,997	1,073,327	103,015	1,856,339
25. Total expenses incurred .....	5,953,435	15,155,564	392,464	(a) 21,501,462
26. Less unpaid expenses-current year .....	6,434,298	3,063,276	3,864	9,501,438
27. Add unpaid expenses-prior year .....	5,742,174	2,628,821	3,864	8,374,858
28. Amounts receivable relating to uninsured plans, prior year .....	0	0	0	0
29. Amounts receivable relating to uninsured plans, current year .....				0
30. TOTAL EXPENSES PAID (Lines 25 - 26 + 27 - 28 + 29) .....	5,261,311	14,721,108	392,464	20,374,883
<b>DETAILS OF WRITE-INS</b>				
2401. Software Expense .....	230,316	337,377	14,739	582,432
2402. Miscellaneous Expenses .....	146,062	339,578	79,826	565,466
2403. Donations .....	211,826	267,422	5,068	484,315
2498. Summary of remaining write-ins for Line 24 from overflow page .....	91,793	128,950	3,383	224,126
2499. Totals (Lines 2401 through 2403 plus 2498) (Line 24 above) .....	679,997	1,073,327	103,015	1,856,339

(a) Includes management fees of \$ 10,939,561 to affiliates and \$ to non-affiliates.

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. Government bonds .....	(a) 178,922	150,399
1.1 Bonds exempt from U.S. tax .....	(a) 1,117,635	1,156,453
1.2 Other bonds (unaffiliated) .....	(a) 1,979,757	2,052,814
1.3 Bonds of affiliates .....	(a) 0	0
2.1 Preferred stocks (unaffiliated) .....	(b) 0	0
2.11 Preferred stocks of affiliates .....	(b) 0	0
2.2 Common stocks (unaffiliated) .....	(b) 0	0
2.21 Common stocks of affiliates .....	(b) 0	0
3. Mortgage loans .....	(c) 0	0
4. Real estate .....	(d) 0	0
5. Contract loans .....	(e) 0	0
6. Cash, cash equivalents and short-term investments .....	(f) 0	0
7. Derivative instruments .....	(f) 0	0
8. Other invested assets .....	(f) 0	0
9. Aggregate write-ins for investment income .....	2,637	2,637
10. Total gross investment income .....	3,278,952	3,362,304
11. Investment expenses .....	(g) 392,464	392,464
12. Investment taxes, licenses and fees, excluding federal income taxes .....	(g) 0	0
13. Interest expense .....	(h) 0	0
14. Depreciation on real estate and other invested assets .....	(i) 0	0
15. Aggregate write-ins for deductions from investment income .....	0	0
16. Total deductions (Lines 11 through 15) .....	392,464	392,464
17. Net investment income (Line 10 minus Line 16) .....	2,969,840	2,969,840
<b>DETAILS OF WRITE-INS</b>		
0901. Securities Lending Income .....	2,638	2,638
0902. Miscellaneous Investment Income .....	(1)	(1)
0903. .....	0	0
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) .....	2,637	2,637
1501. .....	0	0
1502. .....	0	0
1503. .....	0	0
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 \$ 184,971 accrual of discount less \$ 769,256 amortization of premium and less \$ 146,630 paid for accrued interest on purchases.  
 (b) Includes \$ accrual of discount less \$ 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 \$ 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 \$ 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 .....	0	0	0	0	0
1.1 Bonds exempt from U.S. tax .....	0	0	0	0	0
1.2 Other bonds (unaffiliated) .....	20,224	(50,694)	(30,470)	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) .....	20,224	(50,694)	(30,470)	0	0
<b>DETAILS OF WRITE-INS</b>			0	0	0
0901. .....	0	0	0	0	0
0902. .....	0	0	0	0	0
0903. .....	0	0	0	0	0
0998. Summary of remaining write-ins for Line 9 from overflow page .....	0	0	0	0	0
0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....	0	0	0
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	0
3.2 Other than first liens .....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company .....	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale .....	0	0	0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....	0	0	0
6. Contract loans .....	0	0	0
7. Derivatives (Schedule DB).....	0	0	0
8. Other invested assets (Schedule BA) .....	0	0	0
9. Receivables for securities .....	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL).....	0	0	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	0	0
14. Investment income due and accrued .....	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	55,791	56,665	.874
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....	1,449	1,483	34
15.3 Accrued retrospective premiums and contracts subject to redetermination .....	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers .....	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0
17. Amounts receivable relating to uninsured plans .....	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0
18.2 Net deferred tax asset.....	0	0	0
19. Guaranty funds receivable or on deposit .....	0	0	0
20. Electronic data processing equipment and software.....	0	0	0
21. Furniture and equipment, including health care delivery assets.....	0	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0
24. Health care and other amounts receivable.....	0	0	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).....	57,240	58,148	.908
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
28. Total (Lines 26 and 27).....	57,240	58,148	.908
<b>DETAILS OF WRITE-INS</b>			
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

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

#### A. Accounting Practices:

Grange Indemnity Insurance Company (the Company) prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by The Ohio Department of Insurance (the Department). The Department requires that insurance companies domiciled in the State of Ohio prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures Manual subject to any deviations prescribed or permitted by the Department. The Company does not employ accounting practices that depart from the NAIC Accounting Practices and Procedures Manual.

A reconciliation of the Company's net income and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below.

	SSAP #	F/S Page	F/S Line Number	2016	2015
<b>NET INCOME</b>					
(1) Grange Indemnity Insurance Company state basis (Page 4, Line 20, Columns 1 & 2)	xxx	xxx	xxx	\$ 5,301,134	\$ 3,527,753
(2) State Prescribed Practices that increase/(decrease) NAIC SAP				0	0
(3) State Permitted Practices that increase/(decrease) NAIC SAP				0	0
(4) NAIC SAP (1-2-3=4)	xxx	xxx	xxx	<u>\$ 5,301,134</u>	<u>\$ 3,527,753</u>
<b>SURPLUS</b>					
(5) Grange Indemnity Insurance Company state basis (Page 3, Line 37, Columns 1 & 2)	xxx	xxx	xxx	\$ 55,646,618	\$ 50,375,405
(6) State Prescribed Practices that increase/(decrease) NAIC SAP				0	0
(7) State Permitted Practices that increase/(decrease) NAIC SAP				0	0
(8) NAIC SAP (5-6-7=8)	xxx	xxx	xxx	<u>\$ 55,646,618</u>	<u>\$ 50,375,405</u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

#### C. Accounting Policy:

Premiums are earned over the terms of the related insurance policies and reinsurance contracts. Unearned premium reserves are established to cover the unexpired portion of premiums written. Such reserves are computed by daily pro rata methods for direct business and are based on reports received from ceding companies for reinsurance.

Expenses incurred in connection with acquiring new insurance business, including such acquisition costs as sales commissions, are charged to operations as incurred. Expenses incurred are reduced for ceding allowances received or receivable.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost, which approximates fair value.
2. Bonds not backed by other loans are stated at amortized cost using the scientific method.
3. The Company has no investments in common stocks.
4. The Company has no investments in preferred stocks.
5. The Company has no investments in mortgage loans.
6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The retrospective adjustment method is used to value all securities except for interest only securities or securities where the yield had become negative, those are valued using the prospective method.
7. The Company has no investments in subsidiaries, controlled and affiliated entities.
8. The Company has no investments in joint ventures, partnerships and limited liability companies.
9. The Company has no investments in derivative instruments.
10. The Company does not anticipate investment income as a factor in the premium deficiency calculation, in accordance with SSAP No. 53, Property-Casualty Contracts - Premiums.
11. 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 of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.
13. The Company does not have pharmaceutical rebate receivables.

#### D. Going Concern: None

#### 2. ACCOUNTING CHANGES AND CORRECTION OF ERRORS: NONE

#### 3. BUSINESS COMBINATIONS AND GOODWILL: NONE

#### 4. DISCONTINUED OPERATIONS: NONE

#### 5. INVESTMENTS:

##### A. Mortgage Loans, including Mezzanine Real Estate Loans: None

##### B. Debt Restructuring: None

##### C. Reverse Mortgages: None

##### D. Loan-Backed Securities:

1. Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from Bloomberg. These assumptions are consistent with the current interest rate and economic environment.
2. The Company has not recognized any other than temporary impairments on its loan-backed securities.
3. The Company has not recognized any other than temporary impairments on its loan-backed securities.
4. All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains).

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

a. Aggregate Amount of Unrealized Losses:

1. Less than 12 Months	(11,683)
2. 12 Months or Longer	(17,386)

b. The Aggregate Related Fair Value of Securities with Unrealized Losses:

1. Less than 12 Months	4,968,515
2. 12 Months or Longer	434,695

5. According to SSAP 43R, the best estimate of future cash flows using the appropriate discount rate was calculated for each affected security, with other-than-temporary impairments realized to the extent that present value was less than amortized cost. Securities held with an intent to sell were other-than-temporarily impaired to current fair value. Securities with a present value greater than amortized cost were not other-than-temporarily impaired.

E. Repurchase Agreements and/or Securities Lending Transactions:

1. For securities lending agreements: The Company requires a minimum of 102% and 105% of the fair value of the domestic and foreign securities loaned at the outset of the contract as collateral. Cash collateral received is invested in short-term investments and the offsetting collateral liability is included in Collateral From Lending Activities. The fair value of the collateral at December 31, 2016 is \$0.

2. The Company has no pledged assets as collateral for securities lending transactions.

3. Collateral Received

a. Aggregate Amount Collateral Received

1. The Company has no repurchase agreements as collateral.
2. Securities lending collateral received:

	Fair Value
Open	0
30 Days or Less	0
31 to 60 Days	0
61 to 90 Days	0
Greater than 90 Days	0
Sub-Total	0
Securities Received	0
Total Collateral Received	0

3. The Company has no dollar repurchase agreements as collateral received.

b. The Company has not sold or re-pledged any collateral.

c. Securities lending sources and uses of that collateral: The Company receives primarily cash collateral in an amount in excess of the fair value of the securities lent. The Company reinvests the cash collateral into higher yielding short term securities than the collateral received.

4. The Company has no “one-line” reported collateral.

5. Collateral Reinvestment

a. Aggregate Amount Collateral Reinvested

1. The Company has no repurchase agreements as collateral.
2. Securities Lending

	Amortized Cost	Fair Value
Open	0	0
30 Days or Less	0	0
31 to 60 Days	0	0
61 to 90 Days	0	0
Greater than 90 Days	0	0
Sub-Total	0	0
Securities Received	0	0
Total Collateral Reinvested	0	0

3. The Company has no dollar repurchase agreements as collateral.

b. The maturity dates of the liabilities matches the invested assets.

6. The Company has no collateral that is not permitted by contract.

7. The Company has no collateral that extends beyond one year from December 31, 2016.

F. Real Estate: None

G. Low Income Housing Tax Credits: None

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE  
GRANGE INDEMNITY INSURANCE COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

H. Restricted Assets:

1) Restricted Assets (Including Pledged)

Restricted Asset Category							Current Year				
	Gross (Admitted and Non-admitted) Restricted						8	9	Percentage		
	Current Year								10	11	
	1	2	3	4	5		6	7			
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)	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											
b. Collateral held under security lending agreements		0				0	3,903,961	(3,903,961)	0	0.0%	0.0%
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	1,690,432				1,690,432	1,691,563	(1,131)		1,690,432	1.6%	1.6%
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	1,690,432				1,690,432	5,595,524	(3,905,092)		1,690,432	1.6%	1.6%

(a) Subset of column 1

(b) Subset of column 3

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

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE  
GRANGE INDEMNITY INSURANCE COMPANY**

**NOTES TO FINANCIAL STATEMENTS**

2) Detail of Assets Pledged as Collateral Not Captured in Other Categories

Restricted Asset Category	Gross (Admitted and Non-admitted) Restricted							Current Year			
	Current Year					6	7	8	9	Percentage	
	1	2	3	4	5					10	11
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)	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
None											

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

3) Detail of Other Restricted Assets

Restricted Asset Category	Gross (Admitted and Non-admitted) Restricted							Current Year			
	Current Year					6	7	8	9	Percentage	
	1	2	3	4	5					10	11
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)	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
None											

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

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

Collateral Assets	1	2	3	4
	Book/Adjusted Carrying Value (BACV)	Fair Value	% of BACV to Total Assets (Admitted and Nonadmitted)*	% of BACV to Total Admitted Assets **
a. Cash				
b. Schedule D, Part 1				
c. Schedule D, Part 2, Section 1				
d. Schedule D, Part 2, Section 2				
e. Schedule B				
f. Schedule A				
g. Schedule BA, Part 1				
h. Schedule DL, Part 1				
l. Other				
j. Total Collateral Assets (a+b+c+d+e+f+g+h+i)	\$0	\$0		

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

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

k. Recognized Obligation to Return Collateral Asset: None

I. Working Capital Finance Investments: None

J. Offsetting and Netting of Assets and Liabilities: None

K. Structured Notes:

Structured notes as defined per the Purposes and Procedures Manual of the NAIC Investment Analysis Office at December 31, 2016:

CUSIP Identification	Actual Cost	Fair Value	Book/Adjusted Carrying Value	Mortgage-Referenced Security (YES/NO)
3130A8G56	500,000	486,850	500,000	No
78012KFG7	250,000	244,833	250,000	No
<b>TOTAL</b>	<b>750,000</b>	<b>731,682</b>	<b>750,000</b>	

L. 5\* Securities: None

6. JOINT VENTURES, PARTNERSHIPS AND LIMITED LIABILITY COMPANIES: NONE

7. INVESTMENT INCOME: NONE

8. DERIVATIVE INSTRUMENTS: NONE

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

### 9. FEDERAL INCOME TAXES:

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

12/31/2016		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	
(a) Gross Deferred Tax Assets	\$ ..... 1,653,653.00	\$ ..... 1,653,653.00
(b) Statutory Valuation Allowance Adjustments	\$ ..... \$ .....	\$ .....
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ ..... 1,653,653.00	\$ ..... 1,653,653.00
(d) Deferred Tax Assets Nonadmitted	\$ ..... \$ .....	\$ .....
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	\$ ..... 1,653,653.00	\$ ..... 1,653,653.00
(f) Deferred Tax Liabilities	\$ ..... 184,820.00	\$ ..... 184,820.00
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ ..... 1,468,833.00	\$ ..... 1,468,833.00

12/31/2015		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	
(a) Gross Deferred Tax Assets	\$ ..... 1,689,069.00	\$ ..... 1,689,069.00
(b) Statutory Valuation Allowance Adjustments	\$ ..... \$ .....	\$ .....
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	\$ ..... 1,689,069.00	\$ ..... 1,689,069.00
(d) Deferred Tax Assets Nonadmitted	\$ ..... \$ .....	\$ .....
(e) Subtotal Net Admitted Deferred Tax Asset (1c-1d)	\$ ..... 1,689,069.00	\$ ..... 1,689,069.00
(f) Deferred Tax Liabilities	\$ ..... 189,408.00	\$ ..... 189,408.00
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ ..... 1,499,661.00	\$ ..... 1,499,661.00

Change		
(7)	(8)	(9) (Col 7+8) Total
(Col 1-4) Ordinary	(Col 2-5) Capital	
\$ ..... (35,416.00)	\$ ..... \$ .....	\$ ..... (35,416.00)
\$ ..... \$ .....	\$ ..... \$ .....	\$ .....
\$ ..... (35,416.00)	\$ ..... \$ .....	\$ ..... (35,416.00)
\$ ..... \$ .....	\$ ..... \$ .....	\$ .....
\$ ..... (35,416.00)	\$ ..... \$ .....	\$ ..... (35,416.00)
\$ ..... (4,588.00)	\$ ..... \$ .....	\$ ..... (4,588.00)
\$ ..... (30,828.00)	\$ ..... \$ .....	\$ ..... (30,828.00)

2.

Admission Calculation Components SSAP No. 101

12/31/2016		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ ..... 1,361,524.00	\$ ..... 1,361,524.00
(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)	\$ ..... 238,880.00	\$ ..... 238,880.00
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ ..... 238,880.00	\$ ..... 238,880.00
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>
(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.	\$ ..... 53,249.00	\$ ..... 53,249.00
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ ..... 1,653,653.00	\$ ..... 1,653,653.00
Total (2(a) + 2(b) + 2(c))		

12/31/2015		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	
(a) Federal Income Taxes Paid In Prior Years Recoverable Through Loss Carrybacks.	\$ ..... 1,273,310.00	\$ ..... 1,273,310.00
(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)	\$ ..... 352,526.00	\$ ..... 352,526.00
1. Adjusted Gross Deferred Tax Assets Expected to be Realized Following the Balance Sheet Date.	\$ ..... 352,526.00	\$ ..... 352,526.00
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	<u>XXX</u>	<u>XXX</u>
(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.	\$ ..... 63,233.00	\$ ..... 63,233.00
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.	\$ ..... 1,689,069.00	\$ ..... 1,689,069.00
Total (2(a) + 2(b) + 2(c))		

Change		
(7)	(8)	(9) (Col 7+8) Total
(Col 1-4) Ordinary	(Col 2-5) Capital	
\$ ..... 88,214.00	\$ ..... \$ .....	\$ ..... 88,214.00
\$ ..... (113,646.00)	\$ ..... \$ .....	\$ ..... (113,646.00)
\$ ..... (113,646.00)	\$ ..... \$ .....	\$ ..... (113,646.00)
<u>XXX</u>	<u>XXX</u>	\$ ..... 806,754.00
\$ ..... (9,984.00)	\$ ..... \$ .....	\$ ..... (9,984.00)
\$ ..... (35,416.00)	\$ ..... \$ .....	\$ ..... (35,416.00)

3.

2016		
2015		
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	..... 1,519,300	..... 1,287,100
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period	\$ ..... 54,205,850.00	\$ ..... 48,827,496.00

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

And Threshold Limitation In 2(b)2 Above.

4.

### Impact of Tax-Planning Strategies

	12/31/2016	
	(1)	(2)
	Ordinary	Capital
(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)	.....1,653,653.00	
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....1,653,653.00	
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		

	12/31/2015	
	(3)	(4)
	Ordinary	Capital
(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)	.....1,689,069.00	
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....1,689,069.00	
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		

	Change	
	(5)	(6)
	(Col 1-3) Ordinary	(Col 2-4) Capital
(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)	.....(35,416.00)	
2. Percentage Of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies		
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	.....(35,416.00)	
4. Percentage Of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies		

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes..... No .....

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

(1)	(2)	(3)
12/31/2016	12/31/2015	(Col 1-2) Change

1. Current Income Tax

(a) Federal	\$.....2,263,538.0	\$.....1,281,976.0	\$.....981,562.00
(b) Foreign	\$.....	\$.....	\$.....
(c) Subtotal	\$.....2,263,538.0	\$.....1,281,976.0	\$.....981,562.00
(d) Federal income tax on net capital gains	\$.....(10,665.0)	\$.....(986.0)	\$.....(9,679.00)
(e) Utilization of capital loss carry-forwards	\$.....	\$.....	\$.....
(f) Other	\$.....27,118.0	\$.....(25,408.0)	\$.....52,526.00
(g) Federal and foreign income taxes incurred	\$.....2,279,991.0	\$.....1,255,582.0	\$.....1,024,409.00

2. Deferred Tax Assets:

(a) Ordinary			
(1) Discounting of unpaid losses	\$.....303,575.00	\$.....325,966.00	\$.....(22,391.00)
(2) Unearned premium reserve	\$.....1,330,043.00	\$.....1,336,248.00	\$.....(6,205.00)
(3) Policyholder reserves	\$.....	\$.....	\$.....
(4) Investments	\$.....	\$.....	\$.....
(5) Deferred acquisition costs	\$.....	\$.....6,503.00	\$.....(6,503.00)
(6) Policyholder dividends accrual	\$.....	\$.....	\$.....
(7) Fixed assets	\$.....	\$.....	\$.....
(8) Compensation and benefits accrual	\$.....	\$.....	\$.....
(9) Pension accrual	\$.....	\$.....	\$.....
(10) Receivables - nonadmitted	\$.....20,035.00	\$.....20,352.00	\$.....(317.00)
(11) Net operating loss carry-forward	\$.....	\$.....	\$.....
(12) Tax credit carry-forward	\$.....	\$.....	\$.....
(13) Other (including items <5% of total ordinary tax assets)	\$.....1,653,653.00	\$.....1,689,069.00	\$.....(35,416.00)
(99) Subtotal	\$.....	\$.....	\$.....

(b) Statutory valuation allowance adjustment

(c) Nonadmitted	\$.....	\$.....	\$.....
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	\$.....1,653,653.00	\$.....1,689,069.00	\$.....(35,416.00)

(e) Capital:

(1) Investments	\$.....	\$.....	\$.....
(2) Net capital loss carry-forward	\$.....	\$.....	\$.....
(3) Real estate	\$.....	\$.....	\$.....
(4) Other (including items <5% of total capital tax assets)	\$.....	\$.....	\$.....
(99) Subtotal	\$.....	\$.....	\$.....

(f) Statutory valuation allowance adjustment

(g) Nonadmitted	\$.....	\$.....	\$.....
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	\$.....	\$.....	\$.....

(i) Admitted deferred tax assets (2d + 2h)

	\$.....1,653,653.00	\$.....1,689,069.00	\$.....(35,416.00)
--	---------------------	---------------------	--------------------

3. Deferred Tax Liabilities:

(a) Ordinary			
(1) Investments	\$.....154,943.00	\$.....178,091.00	\$.....(23,148.00)
(2) Fixed assets	\$.....	\$.....	\$.....
(3) Deferred and uncollected premium	\$.....	\$.....	\$.....
(4) Policyholder reserves	\$.....9,592.00	\$.....11,317.00	\$.....(1,725.00)
(5) Other (including items <5% of total ordinary tax liabilities)	\$.....20,285.00	\$.....189,408.00	\$.....20,285.00
(99) Subtotal	\$.....184,820.00	\$.....189,408.00	\$.....(4,588.00)

(b) Capital:

(1) Investments	\$.....	\$.....	\$.....
	\$.....	\$.....	\$.....

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

(2) Real estate	\$ .....	\$ .....	\$ .....
(3) Other (including items <5% of total capital tax liabilities)	\$ .....	\$ .....	\$ .....
(99) Subtotal	\$ .....	\$ .....	\$ .....
 (c) Deferred tax liabilities (3a99 + 3b99)	\$ ..... 184,820.00	\$ ..... 189,408.00	\$ .....(4,588.00)
4. Net deferred tax assets/liabilities (2i - 3c)	\$ ..... 1,468,833.00	\$ ..... 1,499,661.00	\$ .....(30,828.00)

### D. Reconciliation of federal income tax rate to actual effective rate:

The provision for federal income taxed incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before taxes. The significant items causing this difference are as follows:

Amount	Tax Effect	Effective Tax Rate
--------	------------	--------------------

#### 1. Description:

(a) Income Before Taxes	\$ 7,581,123	\$ 2,653,393	35.00%
(b) Tax-Exempt Interest	\$ (1,156,453)	\$ (404,759)	-5.34%
(c) Dividends Received Deduction	\$ 0	\$ 0	0.00%
(d) Proration	\$ 173,468	\$ 60,714	0.80%
(e) Meals & Entertainment	\$ 0	\$ 0	0.00%
(f) Statutory Valuation Allowance	\$ 0	\$ 0	0.00%
(g) Pension (unfunded liability and prepaid)	\$ 0	\$ 0	0.00%
(h) Change in Nonadmitted Assets	\$ 908	\$ 318	0.00%
(i) Other, Including Prior Year True-up	\$ 3,294	\$ 1,153	0.02%
Total	<u>\$ 6,602,340</u>	<u>\$ 2,310,819</u>	30.48%

#### 2. Description:

(a) Federal Income Tax Incurred [Expense/(Benefit)]	\$ 2,290,656	30.22%
(b) Tax on Capital Gains/(Losses)	\$ (10,665)	-0.14%
(c) Change in Net Deferred Income Tax [Charge/(Benefit)]	\$ 30,828	0.41%
Total	\$ 2,310,819	30.48%

### E. Carryforwards, recoverable taxes, and IRC S6603 deposits:

1. At December 31, 2016, the Company had net operating loss carry forwards of:	\$ ..... 0
At December 31, 2016, the Company had capital loss carry forwards of:	\$ ..... 0
At December 31, 2016, the Company had AMT credit carry forwards, which do not expire, in the amount of:	\$ ..... 0

#### 2. The following is income tax expense that is available for recoupment in the event of future net losses:

Year	Ordinary	Capital	Total
2014	\$ 1,219,780	\$ (14,097)	\$ 1,205,683
2015	\$ 1,283,150	\$ 24,958	\$ 1,308,108
2016	\$ 2,263,538	\$ (10,665)	\$ 2,252,873
Total	\$ 4,766,468	\$ 197	\$ 4,766,665

#### 3. Deposits admitted under IRC S6603:

NONE

### F. The Company's federal income tax return is consolidated with the following entities:

1. Grange Mutual Casualty Company
2. The method of allocation among companies is subject to a written agreement, approved by the Board of Directors, whereby allocation is made primarily on a separate company basis with current credit for losses.

### G. Federal or foreign income tax loss contingencies:

The company does not have a liability recorded for uncertain tax positions.

## 10. INFORMATION CONCERNING PARENT, SUBSIDIARIES AND AFFILIATES:

### A. Relationship with Parent, Subsidiaries and Affiliates:

The Company is a 100% owned subsidiary of Grange Mutual Casualty Company (GMCC), an insurance company domiciled in the State of Ohio and a member of the Grange Mutual Casualty Group.

### B. Descriptions of transactions with Parent, Subsidiaries and Affiliates: None

### C. Amounts of transactions with Parent, Subsidiaries and Affiliates: None

### D. Amounts Due From or To Related Parties:

At December 31, 2016, the Company reported \$0.929 million as amounts due from GMCC. The terms of the settlement require that these amounts be settled within 45 days.

# **ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

## **NOTES TO FINANCIAL STATEMENTS**

- E. Guarantees or Contingencies for Related Parties: None
- F. Description of material management or service contracts:  
The Company maintains a service agreement with GMCC, whereby GMCC provides service for the Company and makes available all services necessary to support its business operations. These services include all necessary financial, actuarial, audit, accounting, tax, information technology, records management and legal and compliance services, other than those provided by third party service providers.
- G. Nature of the control relationship:  
The Company participates in a pooling reinsurance agreement detailed in Note 26.
- H. Amount Deducted for Investment in Upstream Company: None
- I. Investments in Affiliates Greater than 10% of Admitted Assets: None
- J. The Company did not recognize any impairment write down for investments in Subsidiary, Controlled or Affiliated Companies during the periods reported.
- K. The Company does not have investments in a foreign insurance subsidiary.
- L. The Company does not have an investment in a downstream noninsurance company.
- M. All SCA Investments: None
- N. Investment in Insurance SCAs: None

**11. DEBT: NONE**

**12. RETIREMENT PLANS, DEFERRED COMPENSATION, POSTEMPLOYMENT BENEFITS AND COMPENSATED ABSENCES AND OTHER POSTRETIREMENT BENEFIT PLANS:**

All employees are employed by GMCC and participate in the pension and other benefit plans of GMCC. Annual costs are shared via the pooling arrangement.

**13. CAPITAL AND SURPLUS, DIVIDEND RESTRICTIONS AND QUSAI-REORGANIZATIONS:**

- 1. The Company has 1,000 shares authorized, 1,000 shares issued and 1,000 shares outstanding. All shares are Class A shares.
- 2. The Company has no preferred stock outstanding.
- 3. The Company doesn't pay dividends to its policyholders. Dividends recorded in these financial statements were paid by other companies within the Grange Mutual Casualty Group.
- 4. No dividends were paid by the Company.
- 5. The Company doesn't pay dividends to its policyholders.
- 6. There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- 7. No advances to surplus were made.
- 8. No amounts of stock were held by the Company.
- 9. No special surplus funds are held.
- 10. The Company has no unrealized gains.
- 11. The Company has no surplus notes.
- 12. There has not been a restatement due to prior quasi-reorganizations.
- 13. There has been no quasi-reorganization in the past 10 years.

**14. LIABILITIES, CONTINGENCIES AND ASSESSMENTS:**

- A. Contingent Commitments: None
- B. Assessments:  
Guaranty Fund Assessments are recorded by the parent, GMCC.
- C. Gain Contingencies: None
- D. Claims Related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits: None
- E. Product Warranties: None
- F. Joint and Several Liabilities: None
- G. All Other Contingencies:  
Various lawsuits against the Company have arisen in the course of the Company's business. Contingent liabilities arising from litigation, income taxes and other matters are not considered material in relation to the financial position of the Company.

**15. LEASES: NONE**

**16. INFORMATION ABOUT FINANCIAL INSTRUMENTS WITH OFF-BALANCE SHEET RISK AND FINANCIAL INSTRUMENTS WITH CONCENTRATION OF CREDIT RISK: NONE**

# **ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

## **NOTES TO FINANCIAL STATEMENTS**

### **17. TRANSFER AND SERVICING OF FINANCIAL ASSETS AND EXTINGUISHMENTS OF LIABILITIES:**

A. Transfers of Receivables Reported as Sales: None

B. Transfer and Servicing of Financial Assets

1. Loaned Securities:

The Company participates in a securities lending program with JPMorgan Chase Bank as lending agent. The Company had no securities on loan at December 31, 2016. Collateral received from lending activities is maintained in accordance to the securities lending agreement, whereby the collateral requirement shall be an amount equal to 102% of the then current market value of the relevant loaned securities where securities and collateral are denominated in the same currency, and 105% for all other securities. The Company's lending agent, JPMorgan Chase Bank, reinvests the cash collateral according to investment guidelines outlined in the securities lending agreement and is reported on-balance sheet. Collateral received in the form of securities are restricted and off-balance sheet. The Company is not able to sell or reinvest the securities received as collateral and according to the MLSA, the borrower bears all the risk associated with said securities.

2. Servicing Assets and Servicing Liabilities: None

3. Servicing Assets and Servicing Liabilities Measured at Fair Value: None

4. Securitizations, Asset-backed Financing Agreements and Similar Transfers with Continued Involvement: None

5. Assets Accounted for as Secured Borrowing: None

6. Receivables with Recourse: None

7. Securities Underlying Repurchase and Reverse Repurchase Agreements: None

C. Wash Sales: None

### **18. GAINS OR LOSS TO THE REPORTING ENTITY FROM UNINSURED A&H PLANS AND THE UNINSURED PORTION OF PARTIALLY INSURED PLANS: NONE**

### **19. DIRECT PREMIUM WRITTEN / PRODUCED BY MANAGING GENERAL AGENTS / THIRD PARTY ADMINISTRATORS: NONE**

### **20. FAIR VALUE MEASUREMENTS:**

A. All assets and liabilities of the Company are measured and reported at cost or amortized cost in accordance with footnote 1 above.

1. Fair Value Hierarchy: None

2. Level Three Fair Value Reconciliation: None

3. Level Three Transfers In/Out: None

4. Reported Fair Value of Investments within Level 2 and Level 3: According to statutory accounting rules, fixed income securities with a rating of NAIC 1 or 2 are reported at amortized cost. Securities with a rating of NAIC 3 thru 6, or non-investment grade ratings, are measured and reported at the lower of amortized cost or fair value on the statement of financial position. As of December 31, 2016, the Company did not have any bonds rated NAIC 3 thru 6, and therefore did not report any securities at fair value.

5. Derivative Assets and Liabilities: The Company does not have derivative assets and liabilities.

B. Other Fair Value Disclosures: None

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (CV)
Bonds	95,408,791	94,410,858	2,693,186	92,715,605	0	0
Common Stock	0	0	0	0	0	0
Perpetual Preferred	0	0	0	0	0	0
Other Invested Asset	0	0	0	0	0	0
Money Market	0	0	0	0	0	0
<b>TOTAL</b>	<b>95,408,791</b>	<b>94,410,858</b>	<b>2,693,186</b>	<b>92,715,605</b>	<b>0</b>	<b>0</b>

D. Not Practicable to Estimate Fair Value: None

### **21. OTHER ITEMS:**

A. Extraordinary Items: None

B. Troubled Debt Restructuring: None

C. Other Disclosures: None

D. Business Interruption Insurance Recoveries: None

E. State Transferable and Non-transferable Tax Credits: None

F. Subprime Mortgage Related Risk Exposure

1. Management Definition of Exposure to Subprime Mortgage Related Risk:

Management defines "subprime" mortgage loans as mortgage loans that are originated with an inherently higher risk profile or have a loan structure that is distinctly different from that of traditional mortgage loans. Management considers the following factors in determining whether or not a mortgage represents a subprime risk: borrowers with low credit ratings (FICO score); unconventionally high initial loan-to-value ratios (LTVs); unconventionally structured loans (option pay adjustable rate mortgages or negative amortizing loans); unconventionally high interest rates; and less than conventional documentation of the borrower's income and/or assets.

2. The Company has no direct exposure through investments in subprime mortgage loans.

3. Estimated Direct Exposure to Subprime Mortgage Risk Through Other Investments.

Management considers the Company's holdings in securities with underlying subprime exposure to be minimal. The majority of residential mortgage backed securities (RMBS) in the portfolio are issued by government-sponsored enterprises (GSEs). The Company did not own securities with collateral that contain subprime characteristics based on low credit (FICO scores less than 620) and/or high LTVs. The Company's bond portfolio does not include any positions in collateralized debt obligations (CDOs) on a direct basis. On a quarterly basis, management reviews all loan-backed and structured securities with an unrealized loss position according to SSAP 43-R. The best estimate of future cash flows using the appropriate discount rate is calculated

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

for each affected security. To assist in this effort, a brokerage firm provides forward-looking assumptions for default rates, voluntary prepayment speeds, and loss severities on a majority of the securities governed by SSAP 43R. The outcomes of this process assure that anticipated cash flows will not be less than the carrying value subsequent to other-than-temporary impairments. As of December 31, 2016, management estimates there were no unrealized losses present due to subprime mortgage exposure.

	Actual Cost	Book/Adjusted Carrying Value (excluding interest)	Fair Value	Other Than Temporary Impairment Losses Recognized
a. Residential mortgage-backed securities	0	0	0	0
b. Commercial mortgage-backed securities	0	0	0	0
c. Collateralized debt obligations	0	0	0	0
d. Structured securities	0	0	0	0
e. Equity investment in SCAs *	0	0	0	0
f. Other assets	0	0	0	0
g. Total	0	0	0	0

1. The Company does not write Mortgage Guaranty or Financial Guaranty insurance coverage.

G. Insurance Linked Securities: None

### 22. EVENTS SUBSEQUENT:

There have been no events, which have occurred subsequent to the filing of this statement, which have a material effect upon the financial condition of the Company.

Assessments relating to Section 9010 of the Federal Affordable Care Act:

The Company does not write business subject to Section 9010 of the Federal Affordable Care Act.

During the first quarter of 2017, the Company anticipates receiving approval for a change to the Intercompany Pooling Agreement effective January 1, 2017 as a result of the commencement of business of Integrity Select Insurance Company, a subsidiary of affiliate Integrity Mutual Insurance Company. See also Footnote 26 – Intercompany Pooling Agreements.

### 23. REINSURANCE:

A. Unsecured Reinsurance Recoverables:

None exceed 3% of Surplus

B. Reinsurance Recoverable in Dispute: None

C. Reinsurance Assumed and Ceded:

	Assumed Reinsurance		Ceded Reinsurance		Net	
	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity	Premium Reserve	Commission Equity
a. Affiliates	18,688,843	3,363,992	42,068,345	7,572,302	(23,379,502)	(4,208,310)
b. All Other	148,208	26,677	451	81	147,757	26,596
c. TOTAL	<u>18,837,051</u>	<u>3,390,669</u>	<u>42,068,796</u>	<u>7,572,383</u>	<u>(23,231,745)</u>	<u>(4,181,714)</u>

d. Direct unearned Premium Reserve	<u>41,920,588</u>
------------------------------------	-------------------

	Direct	Assumed	Ceded	Net
2. Contingent Commission	1,529,773	1,024,426	1,529,773	1,024,426

D. Uncollectible Reinsurance: None

E. Commutation of Ceded Reinsurance: None

F. Retroactive Reinsurance: None

G. Reinsurance Accounted For as a Deposit: None

H. Disclosures for the Transfer of Property and Casualty Run-Off Agreements: None

I. Certified Reinsurer Rating Downgraded or Status Subject to Revocation: None

### 24. RETROSPECTIVELY RATED CONTRACTS & CONTRACTS SUBJECT TO REDETERMINATION: NONE

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## NOTES TO FINANCIAL STATEMENTS

### 25. CHANGES IN INCURRED LOSSES AND LOSS ADJUSTMENT EXPENSES:

Reserves for incurred losses and loss adjustment expenses attributable to insured events of prior years has increased (decreased) by \$(1,605) million from \$38.385 million in 2015 to \$36.780 million in 2016 as a result of re-estimation of unpaid losses and loss adjustment expenses principally on private passenger auto liability and homeowners lines of insurance. This increase (decrease) 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. Included in this increase (decrease), the Company experienced \$0 million of unfavorable (favorable) prior year loss development on retrospectively rated policies. However, since the business to which it relates is subject to premium adjustments, there was no significant impact on surplus.

LOSSES AND LAE	2016	2015
BALANCE JANUARY 1	38,384,617	36,129,085
LESS REINSURANCE RECOVERABLES	11,423,478	12,475,759
NET BALANCE JANUARY 1	26,961,139	23,653,326
INCURRED RELATED TO:		
CURRENT YEAR	31,065,246	33,932,756
PRIOR YEAR	(1,605,038)	(44,813)
TOTAL INCURRED	29,460,208	33,887,943
PAID RELATED TO:		
CURRENT YEAR	18,196,138	20,042,894
PRIOR YEAR	10,370,402	10,537,236
TOTAL PAID	28,566,540	30,580,130
NET BALANCE AT DECEMBER 31	27,854,807	26,961,139
PLUS REINSURANCE RECOVERABLES	9,799,510	11,423,478
BALANCE AT DECEMBER 31	37,654,317	38,384,617

### 26. INTERCOMPANY POOLING AGREEMENTS:

	Pool		
	NAIC #	Share	
Lead Company:	Grange Mutual Casualty Company	14060	84.0%
Affiliates:	Trustgard Insurance Company	40118	3.5%
	Grange Indemnity Insurance Company	10322	4.0%
	Grange Insurance Company of Michigan	11136	2.5%
	Grange Property & Casualty Insurance Company	11982	2.0%
	Integrity Mutual Insurance Company	14303	3.3%
	Integrity Property & Casualty Insurance Company	12986	0.7%

All lines of business are subject to the pooling agreement, with no exceptions. All members of the pool are parties to all reinsurance treaties entered into by the group with non-affiliated reinsurers. There are no discrepancies between the reinsurance schedules of the lead company and the reinsurance schedules of the other participants.

See also Footnote 22.

### 27. STRUCTURED SETTLEMENTS:

All unassigned structure settlements where the claimant is the payee have amortized values, by company, less than 1% of the Company's surplus.

### 28. HEALTH CARE RECEIVABLES: NONE

### 29. PARTICIPATING POLICIES: NONE

### 30. PREMIUM DEFICIENCY RESERVES:

1. Liability carried for Premium Deficiency Reserves is zero.
2. Date of the most recent evaluation of this liability was 12/31/2016.
3. Anticipated investment income was not utilized in this calculation.

### 31. HIGH DEDUCTIBLES: NONE

### 32. DISCOUNTING OF LIABILITIES FOR UNPAID LOSSES OR UNPAID LOSS ADJUSTMENT EXPENSES: NONE

### 33. ASBESTOS/ENVIRONMENTAL RESERVES: NONE

### 34. SUBSCRIBER SAVINGS ACCOUNTS: NOT APPLICABLE

### 35. MULTIPLE PERIL CROP INSURANCE: NONE

### 36. FINANCIAL GUARANTY INSURANCE: NONE

### 37. CATASTROPHIC PLANNING:

The Company utilizes a variety of catastrophe mitigation techniques including exposure management, catastrophe modeling, transfer of risk via reinsurance and claims staff preparation. Exposure management includes active management of exposures and loss potentials such as monitoring of changes in insured values, peril avoidance, pricing actions and/or agency realignments. The Company primarily relies on two probabilistic catastrophe models to identify PML and TVaR estimates on an annual basis. A deterministic model augments this effort. The Company has a comprehensive catastrophic reinsurance program in place and we currently purchase coverage well in excess of our 250+ year event outcome. The Company places an emphasis on settlement of claims by Company personnel and these associates receive ongoing training on property claims practices.

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY 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 [  ] No [  ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

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

1.3 State Regulating? Ohio.....

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 [  ]

2.2 If yes, date of change: 01/01/3000

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2014

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. 12/31/2014

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). 11/24/2015

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 [  ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [  ] 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 [  ]  
4.12 renewals? Yes [  ] No [  ]

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 [  ]  
4.22 renewals? Yes [  ] No [  ]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [  ] No [  ]

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 [  ]

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 [  ]

7.2 If yes,  
7.21 State the percentage of foreign control 0.0  
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 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## GENERAL INTERROGATORIES

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

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

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

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

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

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?  
Philip A. Baum, FCAS, MAAA, Officer of the Reporting Entity.....

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.....0

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 2016 OF THE GRANGE INDEMNITY 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: \$..... 928,602

### INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [ ] No [ X ]

24.02 If no, give full and complete information, relating thereto  
On deposit in custodial account.....

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)  
See Notes to Financial Statement Number 17.....

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ X ] No [ ] NA [ ]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$..... 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$.....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ X ] No [ ] NA [ ]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ X ] No [ ] NA [ ]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ X ] No [ ] NA [ ]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$.....
24.103 Total payable for securities lending reported on the liability page	\$.....

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

## GENERAL INTERROGATORIES

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03).

Yes [ X ] No [ ]

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

25.21 Subject to repurchase agreements	\$ .....
25.22 Subject to reverse repurchase agreements	\$ .....
25.23 Subject to dollar repurchase agreements	\$ .....
25.24 Subject to reverse dollar repurchase agreements	\$ .....
25.25 Placed under option agreements	\$ .....
25.26 Letter stock or securities restricted as to sale – excluding FHLB Capital Stock	\$ .....
25.27 FHLB Capital Stock	\$ .....
25.28 On deposit with states	\$ ..... 1,690,432
25.29 On deposit with other regulatory bodies	\$ .....
25.30 Pledged as collateral – excluding collateral pledged to an FHLB	\$ .....
25.31 Pledged as collateral to FHLB – including assets backing funding agreements	\$ .....
25.32 Other	\$ .....

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [ X ]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [ X ]

27.2 If yes, state the amount thereof at December 31 of the current year. \$.....

28. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [  ] No [  ]

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A.....	4 Chase Metrotech Center, 4th Floor, Brooklyn, NY
	11245

28.02 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)
.....	.....	.....
.....	.....	.....
.....	.....	.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?  
28.04 If yes, give full and complete information relating thereto.

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

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

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**GENERAL INTERROGATORIES**

28.05 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. [“...that have access to the investment accounts”; “...handle securities”]

1 Name of Firm or Individual	2 Affiliation
J. Christopher Montgomery.....	.....
James Habegger.....	.....
John Ammendola.....	.....
Teresa Dalenta.....	.....

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) manage more than 10% of the reporting entity’s assets?

Yes [ ] No [ X ]

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a “U”) listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity’s assets?

Yes [ ] No [ X ]

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of “A” (affiliated) or “U” (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D - Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [ X ]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....	.....	.....
.....	.....	.....
.....	.....	.....
29.2999 TOTAL		0

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

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

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

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	94,410,858	95,408,790	997,932
30.2 Preferred Stocks.....	0	0	0
30.3 Totals	94,410,858	95,408,790	997,932

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

Fair values obtained primarily from IDC and Bloomberg, otherwise fair values from custodial statements are used.....

Yes [ X ] No [ ]

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [ X ] No [ ]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [ X ] No [ ]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

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

Yes [ X ] No [ ]

32.2 If no, list exceptions:

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

**GENERAL INTERROGATORIES**

**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ .....

33.2 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
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

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

34.2 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
.....	\$.....
.....	\$.....
.....	\$.....
.....	\$.....

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

35.2 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 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

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

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? ..... Yes [ ] No [ X ]

1.2 If yes, indicate premium earned on U. S. business only. ..... \$ ..... 0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? ..... \$ .....

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:

	1 Current Year	2 Prior Year
2.1 Premium Numerator	\$ ..... 0	\$ ..... 0
2.2 Premium Denominator	\$ ..... 47,313,024	\$ ..... 49,013,534
2.3 Premium Ratio (2.1/2.2)	.....0.000	.....0.000
2.4 Reserve Numerator	\$ ..... .88	\$ ..... .888
2.5 Reserve Denominator	\$ ..... 46,543,651	\$ ..... 46,150,673
2.6 Reserve Ratio (2.4/2.5)	.....0.000	.....0.000

3.1 Does the reporting entity issue both participating and non-participating policies? ..... Yes [ ] No [ X ]

3.2 If yes, state the amount of calendar year premiums written on:

3.21 Participating policies ..... \$ .....

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 [ X ]

5.2 If yes, is the commission paid:

5.21 Out of Attorney's-in-fact compensation ..... Yes [ ] No [ ] N/A [X]

5.22 As a direct expense of the exchange ..... Yes [ ] No [ ] N/A [X]

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 [ X ]

5.5 If yes, give full information

# ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY

## GENERAL INTERROGATORIES

### PART 2 - PROPERTY & 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:  
Purchased statutory workers' compensation reinsurance.....

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:  
See Notes to Financial Statement Number 37.....

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?  
See Notes to Financial Statement Number 37.....

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?.....

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 the reporting entity reinsured any risk with any other entity under a quota share reinsurance contract that includes a provision that would limit the reinsurer's losses below the stated quota share percentage (e.g., a deductible, a loss ratio corridor, a loss cap, an aggregate limit or any similar provisions)?.....

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)?.....

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?.....

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

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

9.2 Has the reporting entity during the period covered by the statement ceded any risk under any reinsurance contract (or under multiple contracts with the same reinsurer or its affiliates), for which, during the period covered by the statement, it recorded a positive or negative underwriting result greater than 5% of prior year-end surplus as regards policyholders or it reported calendar year written premium ceded or year-end loss and loss expense reserves ceded greater than 5% of prior year-end surplus as regards policyholders; excluding cessions to approved pooling arrangements or to captive insurance companies that are directly or indirectly controlling, controlled by, or under common control with (i) one or more unaffiliated policyholders of the reporting entity, or (ii) an association of which one or more unaffiliated policyholders of the reporting entity is a member where:  
(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.....

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 31 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?.....

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  
(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  
(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.....

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 [ ]

Yes [ ] No [ X ]

Yes [ ] No [ ]

Yes [ ] No [ X ]

Yes [ X ] No [ ] N/A [ ]

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & 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 that 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 [ X ] N/A [ ]

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

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

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

13.1 Largest net aggregate amount insured in any one risk (excluding workers' compensation):..... \$..... 2,000,000  
 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..... 1

14.1 Is the reporting entity a cedant in a multiple cedant reinsurance contract?..... Yes [ X ] No [ ]  
 14.2 If yes, please describe the method of allocating and recording reinsurance among the cedants:  
 See Notes to Financial Statement Number 26. Catastrophe Excess Loss Agreement allocated based on percentage of participation.....

14.3 If the answer to 14.1 is yes, are the methods described in item 14.2 entirely contained in the respective multiple cedant reinsurance contracts?..... Yes [ X ] No [ ]  
 14.4 If the answer to 14.3 is no, are all the methods described in 14.2 entirely contained in written agreements?..... Yes [ ] No [ ]  
 14.5 If the answer to 14.4 is no, please explain:.....

15.1 Has the reporting entity guaranteed any financed premium accounts?..... Yes [ ] No [ X ]  
 15.2 If yes, give full information

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

	1 Direct Losses Incurred	2 Direct Losses Unpaid	3 Direct Written Premium	4 Direct Premium Unearned	5 Direct Premium Earned
16.11 Home	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
16.12 Products	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
16.13 Automobile	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0
16.14 Other*	\$ .....0	\$ .....0	\$ .....0	\$ .....0	\$ .....0

\* Disclose type of coverage:

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY****GENERAL INTERROGATORIES**  
**PART 2 - PROPERTY & CASUALTY INTERROGATORIES**

17.1 Does the reporting entity include amounts recoverable on unauthorized reinsurance in Schedule F – Part 3 that it excludes from Schedule F – Part 5..... Yes [ ] No [ X ]

Incurred but not reported losses on contracts in force prior to July 1, 1984, and not subsequently renewed are exempt from inclusion in Schedule F – Part 5. Provide the following information for this exemption:

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.11	excluded from Schedule F – Part 5.....	\$.....
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.....	\$.....

Provide the following information for all other amounts included in Schedule F – Part 3 and excluded from Schedule F – Part 5, not included above.

	Gross amount of unauthorized reinsurance in Schedule F – Part 3	\$.....
17.18	excluded from Schedule F – Part 5.....	\$.....
17.19	Unfunded portion of Interrogatory 17.18.....	\$.....
17.20	Paid losses and loss adjustment expenses portion of Interrogatory 17.18.....	\$.....
17.21	Case reserves portion of Interrogatory 17.18.....	\$.....
17.22	Incurred but not reported portion of Interrogatory 17.18.....	\$.....
17.23	Unearned premium portion of Interrogatory 17.18.....	\$.....
17.24	Contingent commission portion of Interrogatory 17.18.....	\$.....

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 the funds administered as of the reporting date. .... \$.....

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY 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 2016	2 2015	3 2014	4 2013	5 2012
<b>Gross Premiums Written</b> (Page 8, Part 1B, Cols. 1, 2 & 3)					
1. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	75,028,623	72,777,292	75,685,735	61,782,889	45,626,990
2. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	51,616,671	39,083,197	34,023,069	28,555,948	22,808,636
3. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	16,941,664	16,431,824	16,198,555	15,050,192	13,777,724
4. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	1,315	2,915	3,884	4,405
5. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
6. Total (Line 35) .....	143,586,958	128,293,628	125,910,274	105,392,913	82,217,755
<b>Net Premiums Written</b> (Page 8, Part 1B, Col. 6)					
7. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	17,864,174	19,124,530	19,554,622	18,532,353	17,478,808
8. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	13,159,296	13,338,164	12,874,097	12,005,937	11,059,385
9. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	15,788,863	16,431,824	16,198,555	15,050,192	13,777,724
10. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	0	1,315	2,915	3,884	4,405
11. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
12. Total (Line 35) .....	46,812,333	48,895,833	48,630,189	45,592,367	42,320,322
<b>Statement of Income</b> (Page 4)					
13. Net underwriting gain (loss) (Line 8) .....	2,697,254	145,930	(80,750)	(5,873)	(500,836)
14. Net investment gain (loss) (Line 11) .....	2,950,035	2,875,949	2,851,958	2,777,076	2,690,206
15. Total other income (Line 15) .....	2,088,836	1,894,392	1,798,065	1,361,600	1,234,453
16. Dividends to policyholders (Line 17) .....	144,336	131,950	131,600	129,577	125,951
17. Federal and foreign income taxes incurred (Line 19) .....	2,290,655	1,256,568	1,202,834	1,191,868	763,265
18. Net income (Line 20) .....	5,301,134	3,527,753	3,234,838	2,811,357	2,534,607
<b>Balance Sheet Lines</b> (Pages 2 and 3)					
19. Total admitted assets excluding protected cell business (Page 2, Line 26, Col. 3) .....	107,946,888	104,298,002	96,598,081	88,393,938	84,971,968
20. Premiums and considerations (Page 2, Col. 3)					
20.1 In course of collection (Line 15.1) .....	9,407,013	9,487,995	9,515,014	8,659,208	7,801,868
20.2 Deferred and not yet due (Line 15.2) .....	37,290	29,643	20,633	14,433	(8,934)
20.3 Accrued retrospective premiums (Line 15.3) .....	0	0	0	0	0
21. Total liabilities excluding protected cell business (Page 3, Line 26) .....	52,300,270	53,922,597	49,684,481	44,660,624	44,185,475
22. Losses (Page 3, Line 1) .....	21,420,510	21,218,965	18,432,065	16,804,371	15,607,103
23. Loss adjustment expenses (Page 3, Line 3) .....	6,434,298	5,742,174	5,221,261	5,021,507	4,672,588
24. Unearned premiums (Page 3, Line 9) .....	18,688,843	19,189,534	19,307,235	17,938,292	16,568,151
25. Capital paid up (Page 3, Lines 30 & 31) .....	2,000,000	2,000,000	2,000,000	2,000,000	2,000,000
26. Surplus as regards policyholders (Page 3, Line 37) .....	55,646,618	50,375,405	46,913,600	43,733,314	40,786,493
<b>Cash Flow</b> (Page 5)					
27. Net cash from operations (Line 11) .....	8,188,415	7,598,921	5,285,286	5,891,779	3,770,266
<b>Risk-Based Capital Analysis</b>					
28. Total adjusted capital .....	55,646,618	50,375,405	46,913,600	43,733,314	40,786,493
29. Authorized control level risk-based capital .....	3,657,760	4,015,436	3,339,160	3,304,828	3,039,483
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets</b>					
(Page 2, Col. 3)(Item divided by Page 2, Line 12, Col. 3) x 100.0					
30. Bonds (Line 1) .....	99.3	94.2	94.7	97.7	92.9
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) .....	0.7	1.5	1.4	1.2	1.5
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	4.3	4.0	1.1	5.5
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
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
42. Affiliated bonds, (Sch. D, Summary, Line 12, Col. 1) .....	0	0	0	0	0
43. Affiliated preferred stocks (Sch. D, Summary, Line 18, Col. 1) .....	0	0	0	0	0
44. Affiliated common stocks (Sch. D, Summary, Line 24, Col. 1) .....	0	0	0	0	0
45. Affiliated short-term investments (subtotals included in Schedule DA Verification, Col. 5, Line 10) .....	0	0	0	0	0
46. Affiliated mortgage loans on real estate .....		0	0	0	0
47. All other affiliated .....	0	0	0	0	0
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 .....		0	0	0	0
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 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**FIVE-YEAR HISTORICAL DATA**

**(Continued)**

	1 2016	2 2015	3 2014	4 2013	5 2012
<b>Capital and Surplus Accounts (Page 4)</b>					
51. Net unrealized capital gains (losses) (Line 24) .....	0	0	0	0	0
52. Dividends to stockholders (Line 35) .....	0	0	0	0	0
53. Change in surplus as regards policyholders for the year (Line 38) .....	5,271,214	3,461,805	3,180,286	2,946,820	2,474,128
<b>Gross Losses Paid (Page 9, Part 2, Cols. 1 &amp; 2)</b>					
54. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	44,686,754	39,701,278	30,704,927	22,493,271	23,213,582
55. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	26,034,561	21,318,293	19,331,554	14,599,717	12,920,580
56. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	5,939,657	7,156,073	8,065,603	7,428,557	8,866,535
57. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	26	458	2,664	6,296	7,968
58. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
59. Total (Line 35) .....	76,660,998	68,176,102	58,104,748	44,527,841	45,008,665
<b>Net Losses Paid (Page 9, Part 2, Col. 4)</b>					
60. Liability lines (Lines 11.1, 11.2, 16, 17.1, 17.2, 17.3, 18.1, 18.2, 19.1, 19.2 & 19.3, 19.4) .....	10,867,852	11,033,200	10,415,217	9,335,945	9,086,544
61. Property lines (Lines 1, 2, 9, 12, 21 & 26) .....	6,553,421	7,102,631	7,057,712	6,409,310	6,229,150
62. Property and liability combined lines (Lines 3, 4, 5, 8, 22 & 27) .....	5,883,928	7,156,073	8,065,603	7,428,557	8,866,535
63. All other lines (Lines 6, 10, 13, 14, 15, 23, 24, 28, 29, 30 & 34) .....	26	458	2,664	6,296	7,968
64. Nonproportional reinsurance lines (Lines 31, 32 & 33) .....	0	0	0	0	0
65. Total (Line 35) .....	23,305,226	25,292,362	25,541,196	23,180,108	24,190,197
<b>Operating Percentages (Page 4)</b> (Item divided by Page 4, Line 1) x 100.0					
66. Premiums earned (Line 1) .....	100.0	100.0	100.0	100.0	100.0
67. Losses incurred (Line 2) .....	49.7	57.3	57.5	55.1	58.0
68. Loss expenses incurred (Line 3) .....	12.6	11.9	11.4	11.8	11.0
69. Other underwriting expenses incurred (Line 4) .....	32.0	30.6	31.2	33.1	32.2
70. Net underwriting gain (loss) (Line 8) .....	5.7	0.3	(0.2)	0.0	(1.2)
<b>Other Percentages</b>					
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) .....	27.9	26.8	26.7	29.1	28.6
72. Losses and loss expenses incurred to premiums earned (Page 4, Lines 2 + 3 divided by Page 4, Line 1 x 100.0) .....	62.3	69.1	68.9	66.9	69.0
73. Net premiums written to policyholders' surplus (Page 8, Part 1B, Col. 6, Line 35 divided by Page 3, Line 37, Col. 1 x 100.0) .....	84.1	97.1	103.7	104.3	103.8
<b>One Year Loss Development (000 omitted)</b>					
74. Development in estimated losses and loss expenses incurred prior to current year (Schedule P, Part 2-Summary, Line 12, Col. 11) .....	(955)	826	469	(201)	(1,091)
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) .....	(1.9)	1.8	1.1	(0.5)	(2.8)
<b>Two Year Loss Development (000 omitted)</b>					
76. Development in estimated losses and loss expenses incurred 2 years before the current year and prior year (Schedule P, Part 2 - Summary, Line 12, Col. 12) .....	260	871	349	(1,044)	(2,079)
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) .....	0.6	2.0	0.9	(2.7)	(5.7)

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 2016 OF THE GRANGE INDEMNITY 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 (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	.51	.5	.30	0	.2	.0	.14	.77	XXX	
2. 2007	45,439	1,549	43,890	25,112	1,020	.888	8	3,388	1	1,363	28,360	XXX	
3. 2008	44,898	2,076	42,823	28,567	3,236	.984	.43	3,660	.2	1,297	29,930	XXX	
4. 2009	46,268	2,334	43,934	27,213	.772	.858	3	3,667	0	1,435	30,964	XXX	
5. 2010	47,097	2,279	44,817	27,973	.877	.933	1	3,878	0	1,587	31,905	XXX	
6. 2011	44,250	2,510	41,740	29,259	3,773	1,055	22	3,789	1	1,425	30,307	XXX	
7. 2012	43,709	2,322	41,387	25,316	1,190	.913	.11	3,531	1	1,366	28,559	XXX	
8. 2013	46,373	2,151	44,222	23,953	.634	.905	.25	3,754	1	1,400	27,952	XXX	
9. 2014	49,301	2,039	.47,261	24,066	.243	.732	4	4,033	.3	1,514	28,581	XXX	
10. 2015	50,859	1,846	.49,014	21,618	.395	.405	4	3,966	.5	1,403	25,584	XXX	
11. 2016	49,118	1,805	47,313	14,805	.75	101	0	3,365	0	786	18,196	XXX	
12. Totals	XXX	XXX	XXX	247,932	12,220	7,805	120	37,032	15	13,589	280,414	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	4,769	4,656	.47	.0	.2	3	.46	.0	.7	0	0	213	XXX
2.	1,355	1,310	.15	.0	.0	0	.30	.0	.3	0	4	.92	XXX
3.	.279	.209	.20	.0	.0	0	.52	.0	12	0	7	152	XXX
4.	.125	.45	.21	.0	.0	0	.53	.0	.5	0	.11	.158	XXX
5.	.455	.385	.33	.0	.0	0	.80	.0	.7	0	.17	.190	XXX
6.	.970	.710	.61	.0	.0	0	119	.0	18	0	.22	.458	XXX
7.	1,225	.806	.123	.0	.0	0	.204	.0	.22	0	.33	.767	XXX
8.	1,959	.947	.419	.32	.0	0	.371	.0	.75	0	.57	.1,844	XXX
9.	2,057	.114	.951	.73	.0	0	.727	.0	.164	0	.112	.3,712	XXX
10.	3,960	.76	.2,153	.141	.0	0	.1,165	.0	.338	0	.228	.7,399	XXX
11.	5,810	74	4,415	219	3	0	1,267	0	1,668	0	759	12,869	XXX
12.	22,963	9,333	8,257	466	5	3	4,114	0	2,318	0	1,251	27,855	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	161	.53
2.	30,791	2,338	28,452	.67.8	151.0	.64.8	0	0	.4.0	.60	.32
3.	33,572	3,490	30,082	.74.8	168.1	.70.2	0	0	.4.0	.89	.63
4.	31,942	.820	31,122	.69.0	.35.1	.70.8	0	0	.4.0	100	.58
5.	33,358	1,263	32,095	.70.8	.55.4	.71.6	0	0	.4.0	103	.86
6.	35,271	4,506	30,765	.79.7	.179.5	.73.7	0	0	.4.0	.320	.137
7.	31,333	2,007	29,326	.71.7	.86.5	.70.9	0	0	.4.0	.542	.226
8.	31,436	1,640	29,796	.67.8	.76.2	.67.4	0	0	.4.0	.1,398	.446
9.	32,730	.437	32,293	.66.4	.21.4	.68.3	0	0	.4.0	.2,821	.891
10.	33,605	.622	32,982	.66.1	.33.7	.67.3	0	0	.4.0	.5,895	.1,503
11.	31,433	368	31,065	64.0	20.4	65.7	0	0	.4.0	9,931	2,938
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	21,421	6,434

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 2016 OF THE GRANGE INDEMNITY 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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016	11 One Year	12 Two Year
1. Prior	9,311	8,581	8,107	7,808	7,802	7,827	7,833	7,905	7,945	8,013	68	108
2. 2007	25,912	25,561	25,292	25,118	25,032	25,092	25,011	25,030	25,042	25,063	21	33
3. 2008	XXX	26,597	26,771	26,649	26,286	26,344	26,322	26,385	26,386	26,413	27	28
4. 2009	XXX	XXX	28,502	27,935	27,491	27,485	27,448	27,424	27,479	27,450	(29)	26
5. 2010	XXX	XXX	XXX	29,357	28,445	28,040	28,133	28,212	28,203	28,211	.8	(1)
6. 2011	XXX	XXX	XXX	XXX	27,427	26,605	26,693	26,903	26,931	26,959	28	56
7. 2012	XXX	XXX	XXX	XXX	XXX	26,063	25,816	25,946	25,849	25,774	(75)	(172)
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	25,847	25,766	26,139	25,968	(171)	203
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28,119	28,542	28,099	(443)	(20)
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	29,073	28,684	(389)	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	26,033	XXX	XXX
										12. Totals	(955)	260

**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 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016		
1. Prior	000	3,933	5,858	6,705	7,116	7,324	7,438	7,663	7,731	7,807	XXX	XXX
2. 2007	16,306	20,921	22,973	24,194	24,516	24,731	24,858	24,934	24,958	24,973	XXX	XXX
3. 2008	XXX	17,207	22,502	24,241	25,282	25,650	26,002	26,117	26,212	26,272	XXX	XXX
4. 2009	XXX	XXX	18,283	23,698	25,443	26,410	26,962	27,145	27,274	27,297	XXX	XXX
5. 2010	XXX	XXX	XXX	18,885	23,827	25,632	26,923	27,650	27,882	28,028	XXX	XXX
6. 2011	XXX	XXX	XXX	XXX	17,826	22,361	24,133	25,523	26,170	26,519	XXX	XXX
7. 2012	XXX	XXX	XXX	XXX	XXX	16,987	21,246	23,114	24,535	25,029	XXX	XXX
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	15,812	20,437	22,807	24,199	XXX	XXX
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	17,518	22,418	24,551	XXX	XXX
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16,671	21,623	XXX	XXX
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14,831	XXX	XXX

**SCHEDULE P - PART 4 - SUMMARY**

Years in Which Losses Were Incurred	BULK AND IBNR RESERVES ON NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1 2007	2 2008	3 2009	4 2010	5 2011	6 2012	7 2013	8 2014	9 2015	10 2016
1. Prior	4,134	2,028	.957	389	178	133	.72	51	.52	94
2. 2007	4,524	2,171	.950	391	168	118	.53	.47	.49	45
3. 2008	XXX	4,377	1,995	836	346	198	.80	.67	.61	71
4. 2009	XXX	XXX	4,681	.2,100	828	328	183	112	.93	74
5. 2010	XXX	XXX	XXX	4,855	1,912	838	354	228	152	113
6. 2011	XXX	XXX	XXX	XXX	4,388	1,741	855	464	.281	180
7. 2012	XXX	XXX	XXX	XXX	XXX	4,333	2,036	.1,060	.549	326
8. 2013	XXX	XXX	XXX	XXX	XXX	XXX	4,332	2,262	.1,299	758
9. 2014	XXX	XXX	XXX	XXX	XXX	XXX	XXX	4,952	.2,963	1,605
10. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	.5,786	3,177
11. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	5,463

**ANNUAL STATEMENT FOR THE YEAR 2016 OF THE GRANGE INDEMNITY INSURANCE COMPANY**

**SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN**

**Allocated By States And Territories**

States, etc.	Active Status	1	Gross Premiums, Including Policy and Membership Fees Less Return Premiums and Premiums on Policies Not Taken	4	5	6	7	8	9
		2 Direct Premiums Written	3 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Losses Paid (Deducting Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Finance and Service Charges Not Included in Premiums	Direct Premium Written for Federal Purchasing Groups (Included in Col. 2)
1. Alabama	AL	N	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. Dist. Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	L	6,439,916	7,953,660	0	7,858,392	5,391,040	9,466,141	220,619
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0
14. Illinois	IL	L	6,825,896	9,219,991	0	4,854,427	2,878,002	15,868,898	121,477
15. Indiana	IN	L	8,405,975	8,999,601	0	6,865,750	5,153,461	4,982,372	446,909
16. Iowa	IA	L	0	0	0	0	0	0	0
17. Kansas	KS	L	0	0	0	0	0	0	0
18. Kentucky	KY	L	4,277,865	4,727,340	0	3,064,963	3,227,104	5,862,414	103,574
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	L	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	L	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0
34. No. Carolina	NC	N	0	0	0	0	0	0	0
35. No. Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	L	61,835,323	48,805,587	0	24,438,573	34,076,404	21,707,567	990,553
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	L	2,775,618	3,235,568	0	1,739,109	1,526,484	3,451,581	.96,324
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. So. Carolina	SC	N	0	0	0	0	0	0	0
42. So. Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	L	5,913,988	6,038,173	0	4,464,939	4,199,284	5,801,793	232,087
44. Texas	TX	N	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0
50. Wisconsin	WI	L	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Totals	(a)	12	96,474,581	88,979,921	0	53,286,153	56,451,778	67,140,765	2,211,543
<b>DETAILS OF WRITE-INS</b>									
58001.		XXX.							
58002.		XXX.							
58003.		XXX.							
58998. Sum. of remaining write-ins for Line 58 from overflow page		XXX.	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 + 58998) (Line 58 above)		XXX.	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

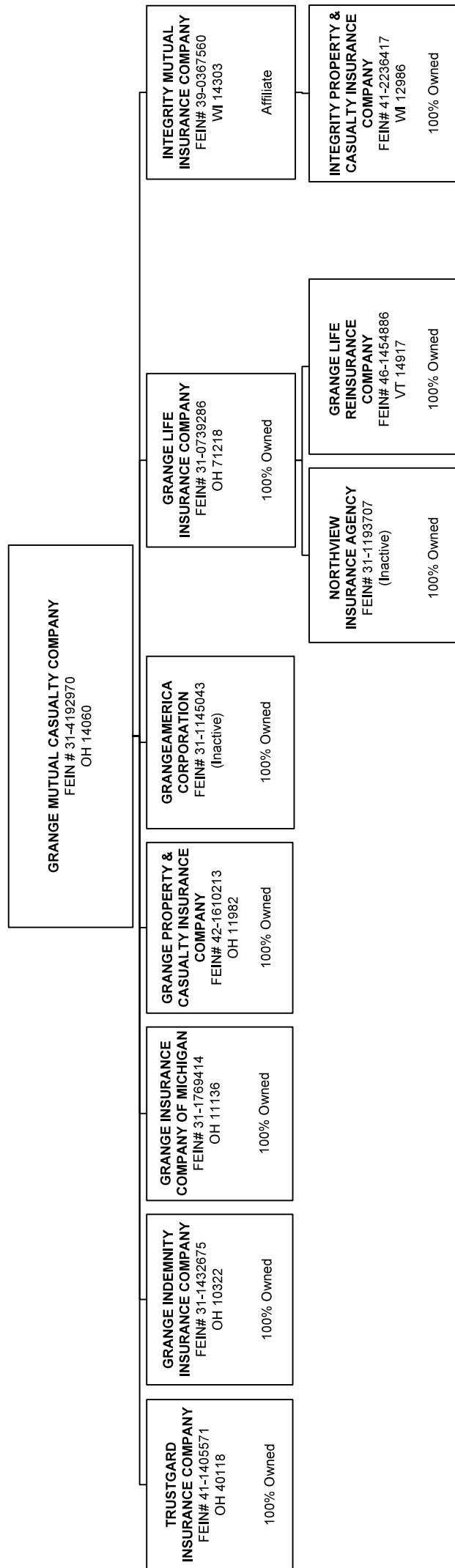
**Explanation of basis of allocation of premiums by states, etc.**

Location of the risk.

(a) Insert the number of L responses except for Canada and Other Alien

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

**PART 1 – ORGANIZATIONAL CHART**



## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK

Assets	2
Cash Flow	5
Exhibit of Capital Gains (Losses)	12
Exhibit of Net Investment Income	12
Exhibit of Nonadmitted Assets	13
Exhibit of Premiums and Losses (State Page)	19
Five-Year Historical Data	17
General Interrogatories	15
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Notes To Financial Statements	14
Overflow Page For Write-Ins	100
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05
Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule DA – Verification Between Years	SI10
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E19
Schedule DB – Part A – Verification Between Years	SI11
Schedule DB – Part B – Section 1	E20
Schedule DB – Part B – Section 2	E21
Schedule DB – Part B – Verification Between Years	SI11
Schedule DB – Part C – Section 1	SI12
Schedule DB – Part C – Section 2	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Verification	SI14
Schedule DL – Part 1	E24
Schedule DL – Part 2	E25
Schedule E – Part 1 – Cash	E26
Schedule E – Part 2 – Cash Equivalents	E27
Schedule E – Part 3 – Special Deposits	E28
Schedule E – Verification Between Years	SI15
Schedule F – Part 1	20
Schedule F – Part 2	21
Schedule F – Part 3	22
Schedule F – Part 4	23
Schedule F – Part 5	24
Schedule F – Part 6 – Section 1	25
Schedule F – Part 6 – Section 2	26
Schedule F – Part 7	27
Schedule F – Part 8	28
Schedule F – Part 9	29
Schedule H – Accident and Health Exhibit – Part 1	30
Schedule H – Part 2, Part 3, and Part 4	31
Schedule H – Part 5 – Health Claims	32
Schedule P – Part 1 – Summary	33
Schedule P – Part 1A – Homeowners/Farmowners	35
Schedule P – Part 1B – Private Passenger Auto Liability/Medical	36
Schedule P – Part 1C – Commercial Auto/Truck Liability/Medical	37
Schedule P – Part 1D – Workers' Compensation (Excluding Excess Workers' Compensation)	38

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 1E – Commercial Multiple Peril	39
Schedule P – Part 1F – Section 1 – Medical Professional Liability – Occurrence	40
Schedule P – Part 1F – Section 2 – Medical Professional Liability – Claims-Made	41
Schedule P – Part 1G – Special Liability (Ocean, Marine, Aircraft (All Perils), Boiler and Machinery)	42
Schedule P – Part 1H – Section 1 – Other Liability–Occurrence	43
Schedule P – Part 1H – Section 2 – Other Liability – Claims-Made	44
Schedule P – Part 1I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)	45
Schedule P – Part 1J – Auto Physical Damage	46
Schedule P – Part 1K – Fidelity/Surety	47
Schedule P – Part 1L – Other (Including Credit, Accident and Health)	48
Schedule P – Part 1M – International	49
Schedule P – Part 1N – Reinsurance – Nonproportional Assumed Property	50
Schedule P – Part 1O – Reinsurance – Nonproportional Assumed Liability	51
Schedule P – Part 1P – Reinsurance – Nonproportional Assumed Financial Lines	52
Schedule P – Part 1R – Section 1 – Products Liability – Occurrence	53
Schedule P – Part 1R – Section 2 – Products Liability – Claims – Made	54
Schedule P – Part 1S – Financial Guaranty/Mortgage Guaranty	55
Schedule P – Part 1T – Warranty	56
Schedule P – Part 2, Part 3 and Part 4 – Summary	34
Schedule P – Part 2A – Homeowners/Farmowners	57
Schedule P – Part 2B – Private Passenger Auto Liability/Medical	57
Schedule P – Part 2C – Commercial Auto/Truck Liability/Medical	57
Schedule P – Part 2D – Workers' Compensation (Excluding Excess Workers' Compensation)	57
Schedule P – Part 2E – Commercial Multiple Peril	57
Schedule P – Part 2F – Section 1 – Medical Professional Liability – Occurrence	58
Schedule P – Part 2F – Section 2 – Medical Professional Liability – Claims – Made	58
Schedule P – Part 2G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	58
Schedule P – Part 2H – Section 1 – Other Liability – Occurrence	58
Schedule P – Part 2H – Section 2 – Other Liability – Claims – Made	58
Schedule P – Part 2I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	59
Schedule P – Part 2J – Auto Physical Damage	59
Schedule P – Part 2K – Fidelity, Surety	59
Schedule P – Part 2L – Other (Including Credit, Accident and Health)	59
Schedule P – Part 2M – International	59
Schedule P – Part 2N – Reinsurance – Nonproportional Assumed Property	60
Schedule P – Part 2O – Reinsurance – Nonproportional Assumed Liability	60
Schedule P – Part 2P – Reinsurance – Nonproportional Assumed Financial Lines	60
Schedule P – Part 2R – Section 1 – Products Liability – Occurrence	61
Schedule P – Part 2R – Section 2 – Products Liability – Claims-Made	61
Schedule P – Part 2S – Financial Guaranty/Mortgage Guaranty	61
Schedule P – Part 2T – Warranty	61
Schedule P – Part 3A – Homeowners/Farmowners	62

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 3B – Private Passenger Auto Liability/Medical	62
Schedule P – Part 3C – Commercial Auto/Truck Liability/Medical	62
Schedule P – Part 3D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	62
Schedule P – Part 3E – Commercial Multiple Peril	62
Schedule P – Part 3F – Section 1 – Medical Professional Liability – Occurrence	63
Schedule P – Part 3F – Section 2 – Medical Professional Liability – Claims-Made	63
Schedule P – Part 3G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	63
Schedule P – Part 3H – Section 1 – Other Liability – Occurrence	63
Schedule P – Part 3H – Section 2 – Other Liability – Claims-Made	63
Schedule P – Part 3I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary, and Theft)	64
Schedule P – Part 3J – Auto Physical Damage	64
Schedule P – Part 3K – Fidelity/Surety	64
Schedule P – Part 3L – Other (Including Credit, Accident and Health)	64
Schedule P – Part 3M – International	64
Schedule P – Part 3N – Reinsurance – Nonproportional Assumed Property	65
Schedule P – Part 3O – Reinsurance – Nonproportional Assumed Liability	65
Schedule P – Part 3P – Reinsurance – Nonproportional Assumed Financial Lines	65
Schedule P – Part 3R – Section 1 – Products Liability – Occurrence	66
Schedule P – Part 3R – Section 2 – Products Liability – Claims-Made	66
Schedule P – Part 3S – Financial Guaranty/Mortgage Guaranty	66
Schedule P – Part 3T – Warranty	66
Schedule P – Part 4A – Homeowners/Farmowners	67
Schedule P – Part 4B – Private Passenger Auto Liability/Medical	67
Schedule P – Part 4C – Commercial Auto/Truck Liability/Medical	67
Schedule P – Part 4D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	67
Schedule P – Part 4E – Commercial Multiple Peril	67
Schedule P – Part 4F – Section 1 – Medical Professional Liability – Occurrence	68
Schedule P – Part 4F – Section 2 – Medical Professional Liability – Claims-Made	68
Schedule P – Part 4G – Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)	68
Schedule P – Part 4H – Section 1 – Other Liability – Occurrence	68
Schedule P – Part 4H – Section 2 – Other Liability – Claims-Made	68
Schedule P – Part 4I – Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary and Theft)	69
Schedule P – Part 4J – Auto Physical Damage	69
Schedule P – Part 4K – Fidelity/Surety	69
Schedule P – Part 4L – Other (Including Credit, Accident and Health)	69
Schedule P – Part 4M – International	69
Schedule P – Part 4N – Reinsurance – Nonproportional Assumed Property	70
Schedule P – Part 4O – Reinsurance – Nonproportional Assumed Liability	70
Schedule P – Part 4P – Reinsurance – Nonproportional Assumed Financial Lines	70
Schedule P – Part 4R – Section 1 – Products Liability – Occurrence	71
Schedule P – Part 4R – Section 2 – Products Liability – Claims-Made	71

## ALPHABETICAL INDEX

---

### ANNUAL STATEMENT BLANK (Continued)

Schedule P – Part 4S – Financial Guaranty/Mortgage Guaranty	71
Schedule P – Part 4T – Warranty	71
Schedule P – Part 5A – Homeowners/Farmowners	72
Schedule P – Part 5B – Private Passenger Auto Liability/Medical	73
Schedule P – Part 5C – Commercial Auto/Truck Liability/Medical	74
Schedule P – Part 5D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	75
Schedule P – Part 5E – Commercial Multiple Peril	76
Schedule P – Part 5F – Medical Professional Liability – Claims-Made	78
Schedule P – Part 5F – Medical Professional Liability – Occurrence	77
Schedule P – Part 5H – Other Liability – Claims-Made	80
Schedule P – Part 5H – Other Liability – Occurrence	79
Schedule P – Part 5R – Products Liability – Claims-Made	82
Schedule P – Part 5R – Products Liability – Occurrence	81
Schedule P – Part 5T – Warranty	83
Schedule P – Part 6C – Commercial Auto/Truck Liability/Medical	84
Schedule P – Part 6D – Workers’ Compensation (Excluding Excess Workers’ Compensation)	84
Schedule P – Part 6E – Commercial Multiple Peril	85
Schedule P – Part 6H – Other Liability – Claims-Made	86
Schedule P – Part 6H – Other Liability – Occurrence	85
Schedule P – Part 6M – International	86
Schedule P – Part 6N – Reinsurance – Nonproportional Assumed Property	87
Schedule P – Part 6O – Reinsurance – Nonproportional Assumed Liability	87
Schedule P – Part 6R – Products Liability – Claims-Made	88
Schedule P – Part 6R – Products Liability – Occurrence	88
Schedule P – Part 7A – Primary Loss Sensitive Contracts	89
Schedule P – Part 7B – Reinsurance Loss Sensitive Contracts	91
Schedule P Interrogatories	93
Schedule T – Exhibit of Premiums Written	94
Schedule T – Part 2 – Interstate Compact	95
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	96
Schedule Y – Part 1A – Detail of Insurance Holding Company System	97
Schedule Y – Part 2 – Summary of Insurer’s Transactions With Any Affiliates	98
Statement of Income	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	99
Underwriting and Investment Exhibit Part 1	6
Underwriting and Investment Exhibit Part 1A	7
Underwriting and Investment Exhibit Part 1B	8
Underwriting and Investment Exhibit Part 2	9
Underwriting and Investment Exhibit Part 2A	10
Underwriting and Investment Exhibit Part 3	11

