



ANNUAL STATEMENT
For the Year Ended December 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

GRANGE INSURANCE COMPANY OF MICHIGAN

NAIC Group Code	00267	00267	NAIC Company Code	11136	Employer's ID Number	31-1769414
	(Current Period)	(Prior Period)				
Organized under the Laws of	Ohio			State of Domicile or Port of Entry	Ohio	
Country of Domicile				United States		
Incorporated/Organized	04/23/2001			Commenced Business	07/26/2001	
Statutory Home Office	671 South High Street			Columbus, OH, US 43206-1014		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	671 South High Street			Columbus, OH, US 43206-1014	614-445-2900	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)	
Mail Address	671 South High Street, P.O. Box 1218			Columbus, OH, US 43216-1218		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	671 South High Street			Columbus, OH, US 43206-1014	614-445-2900	
	(Street and Number)			(City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)	
Internet Web Site Address	www.grangeinsurance.com					
Statutory Statement Contact	David Sidney Ackermann			614-445-2900		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	ackermannd@grangeinsurance.com			614-449-3757		
	(E-Mail Address)			(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		
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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 ofOhio.....
County ofFranklin.....

ss

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

JOHN (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		

Teresa J. Burchwell, Notary Public
April 28, 2022



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code 00267		BUSINESS IN THE STATE OF Michigan				DURING THE YEAR 2017				NAIC Company Code 11136			
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	447,602	499,166		244,839	211,297	204,332	12,522	495	(2,152)	6,288	74,219	7,442
2.1	Allied lines	238,729	264,124		130,026	126,425	41,747	6,985	131	(1,095)	3,453	39,752	3,969
2.2	Multiple peril crop												
2.3	Federal flood												
2.4	Private crop												
2.5	Private flood												
3.	Farmowners multiple peril	349,977	378,786		198,991	463,054	453,079	19,087	2,952	2,589	4,125	59,589	5,819
4.	Homeowners multiple peril	12,193,520	14,540,127		6,528,301	6,521,828	5,604,377	1,890,783	117,282	61,546	276,300	1,882,149	202,729
5.1	Commercial multiple peril (non-liability portion)	5,915,125	5,894,615		2,892,308	3,124,724	2,355,740	1,555,968	137,803	137,556	68,400	990,636	98,345
5.2	Commercial multiple peril (liability portion)	3,441,989	3,574,758		1,548,711	832,017	579,610	3,653,307	435,274	182,273	1,913,164	580,539	57,226
6.	Mortgage guaranty												
8.	Ocean marine												
9.	Inland marine	240,147	273,972		117,276	143,652	146,013	6,661	100	(606)	2,131	37,001	3,993
10.	Financial guaranty												
11.	Medical professional liability												
12.	Earthquake	2,197	2,224		1,207							359	37
13.	Group accident and health (b).												
14.	Credit A & H (group and individual)												
15.1	Collectively renewable A & H (b).												
15.2	Non-cancelable A & H (b).												
15.3	Guaranteed renewable A & H (b).												
15.4	Non-renewable for stated reasons only (b).												
15.5	Other accident only												
15.6	Medicare Title XVIII exempt from state taxes or fees												
15.7	All other A & H (b).												
15.8	Federal Employees Health Benefits Plan premium (b).												
16.	Workers' compensation	763,382	817,396		288,232	378,524	314,797	885,555	102,374	102,401	265,623	76,594	12,692
17.1	Other liability-Occurrence	489,613	478,595		243,968	(56,690)	816,781	816,781		(2,753)	14,045	83,206	8,140
17.2	Other Liability-Claims-Made	4,486	4,678		3,086		(1,190)	1,127		(1,112)	1,592	664	75
17.3	Excess workers' compensation												
18.	Products liability	28,450	12,878		15,635		2,330	2,379		3,305	3,362	4,848	473
19.1	Private passenger auto no-fault (personal injury protection)	9,001,810	10,079,770		2,021,357	5,493,041	(7,456,725)	178,061,196	1,148,279	1,362,864	3,147,880	1,121,669	149,664
19.2	Other private passenger auto liability	3,025,700	3,393,154		685,938	4,019,312	2,982,697	4,433,529	636,306	654,090	1,528,244	480,024	25,466
19.3	Commercial auto no-fault (personal injury protection)	2,541,804	2,792,386		1,191,842	1,873,930	1,422,757	4,533,857	503,716	683,727	770,501	228,758	42,260
19.4	Other commercial auto liability	3,187,907	3,491,342		1,548,024	2,017,138	3,058,295	9,549,654	373,462	296,959	1,379,442	392,975	53,002
21.1	Private passenger auto physical damage	6,131,968	6,987,641		1,351,504	3,638,684	3,633,485	112,024	5,576	4,337	2,520	980,221	101,950
21.2	Commercial auto physical damage	2,469,105	2,728,890		1,183,341	1,520,993	1,474,511	116,276	605	467	5,402	319,857	41,051
22.	Aircraft (all perils)												
23.	Fidelity												
24.	Surety												
26.	Burglary and theft												
27.	Boiler and machinery												
28.	Credit												
30.	Warranty												
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	50,473,511	56,214,501	0	20,194,582	30,364,621	14,759,164	205,657,691	3,464,354	3,484,396	9,392,473	7,353,061	814,331
DETAILS OF WRITE-INS													
3401.													
3402.													
3403.													
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$ 629,468

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

NAIC Group Code		BUSINESS IN THE STATE OF Ohio												DURING THE YEAR 2017				NAIC Company Code 11136	
Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees						
		1 Direct Premiums Written	2 Direct Premiums Earned																
1.	Fire																		
2.1	Allied lines																		
2.2	Multiple peril crop																		
2.3	Federal flood																		
2.4	Private crop																		
2.5	Private flood																		
3.	Farmowners multiple peril																		
4.	Homeowners multiple peril																		
5.1	Commercial multiple peril (non-liability portion)																		
5.2	Commercial multiple peril (liability portion)																		
6.	Mortgage guaranty																		
8.	Ocean marine																		
9.	Inland marine																		
10.	Financial guaranty																		
11.	Medical professional liability																		
12.	Earthquake																		
13.	Group accident and health (b)																		
14.	Credit A & H (group and individual)																		
15.1	Collectively renewable A & H (b)																		
15.2	Non-cancelable A & H (b)																		
15.3	Guaranteed renewable A & H (b)																		
15.4	Non-renewable for stated reasons only (b)																		
15.5	Other accident only																		
15.6	Medicare Title XVIII exempt from state taxes or fees																		
15.7	All other A & H (b)																		
15.8	Federal Employees Health Benefits Plan premium (b)																		
16.	Workers' compensation																		
17.1	Other liability-Occurrence																		
17.2	Other Liability-Claims-Made																		
17.3	Excess workers' compensation																		
18.	Products liability																		
19.1	Private passenger auto no-fault (personal injury protection)																		
19.2	Other private passenger auto liability																		
19.3	Commercial auto no-fault (personal injury protection)																		
19.4	Other commercial auto liability																		
21.1	Private passenger auto physical damage																		
21.2	Commercial auto physical damage																		
22.	Aircraft (all perils)																		
23.	Fidelity																		
24.	Surety																		
26.	Burglary and theft																		
27.	Boiler and machinery																		
28.	Credit																		
30.	Warranty																		
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0						
35.	TOTAL (a)	0	0	0	0	0	0	0	0	0	0	0	0						
DETAILS OF WRITE-INS																			
3401.	.....																	
3402.	.....																	
3403.	.....																	
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0						
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0						

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

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



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EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)

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		1 Direct Premiums Written	2 Direct Premiums Earned										
1.	Fire	447,602	499,166	0	244,839	211,297	204,332	12,522	495	(2,152)	6,288	74,219	7,442
2.1	Allied lines	238,729	264,124	0	130,026	126,425	41,747	6,985	131	(1,095)	3,453	39,752	3,969
2.2	Multiple peril crop	0	0	0	0	0	0	0	0	0	0	0	0
2.3	Federal flood	0	0	0	0	0	0	0	0	0	0	0	0
2.4	Private crop	0	0	0	0	0	0	0	0	0	0	0	0
2.5	Private flood	0	0	0	0	0	0	0	0	0	0	0	0
3.	Farmowners multiple peril	349,977	378,786	0	198,991	463,054	453,079	19,087	2,952	2,589	4,125	59,589	5,819
4.	Homeowners multiple peril	12,193,520	14,540,127	0	6,528,301	6,521,828	5,604,377	1,890,783	117,282	61,546	276,300	1,882,149	202,729
5.1	Commercial multiple peril (non-liability portion)	5,915,125	5,894,615	0	2,892,308	3,124,724	2,355,740	1,555,968	137,803	137,556	68,400	990,636	98,345
5.2	Commercial multiple peril (liability portion)	3,441,989	3,574,758	0	1,548,711	832,017	579,610	3,653,307	435,274	182,273	1,913,164	580,539	57,226
6.	Mortgage guaranty	0	0	0	0	0	0	0	0	0	0	0	0
8.	Ocean marine	0	0	0	0	0	0	0	0	0	0	0	0
9.	Inland marine	240,147	273,972	0	117,276	143,652	146,013	6,661	100	(606)	2,131	37,001	3,993
10.	Financial guaranty	0	0	0	0	0	0	0	0	0	0	0	0
11.	Medical professional liability	0	0	0	0	0	0	0	0	0	0	0	0
12.	Earthquake	2,197	2,224	0	1,207	0	0	0	0	0	0	359	37
13.	Group accident and health (b)	0	0	0	0	0	0	0	0	0	0	0	0
14.	Credit A & H (group and individual)	0	0	0	0	0	0	0	0	0	0	0	0
15.1	Collectively renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.2	Non-cancelable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.3	Guaranteed renewable A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.4	Non-renewable for stated reasons only (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.5	Other accident only	0	0	0	0	0	0	0	0	0	0	0	0
15.6	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0	0	0	0	0	0	0	0
15.7	All other A & H (b)	0	0	0	0	0	0	0	0	0	0	0	0
15.8	Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0	0	0	0	0	0	0	0
16.	Workers' compensation	763,382	817,396	0	288,232	378,524	314,797	885,555	102,374	102,401	265,623	76,594	12,692
17.1	Other liability-Occurrence	489,613	478,595	0	243,968	0	(56,690)	816,781	0	(2,753)	14,045	83,206	8,140
17.2	Other Liability-Claims-Made	4,678	4,678	0	3,086	0	(1,190)	1,127	0	(1,112)	1,592	664	75
17.3	Excess workers' compensation	0	0	0	0	0	0	0	0	0	0	0	0
18.	Products liability	28,450	12,878	0	15,635	0	2,330	2,379	0	3,305	3,362	4,848	473
19.1	Private passenger auto no-fault (personal injury protection)	9,001,810	10,079,770	0	2,021,357	5,493,041	(7,456,725)	178,061,196	1,148,279	1,362,864	3,147,880	1,121,669	149,664
19.2	Other private passenger auto liability	3,025,700	3,393,154	0	685,938	4,019,312	2,982,697	4,433,529	636,306	654,090	1,528,244	480,024	25,466
19.3	Commercial auto no-fault (personal injury protection)	2,541,804	2,792,386	0	1,191,842	1,873,930	1,422,757	4,533,857	503,716	683,727	770,501	228,758	42,260
19.4	Other commercial auto liability	3,187,907	3,491,342	0	1,548,024	2,017,138	3,058,295	9,549,654	373,462	296,959	1,379,442	392,975	53,002
21.1	Private passenger auto physical damage	6,131,968	6,987,641	0	1,351,504	3,638,684	3,633,485	112,024	5,576	4,337	2,520	980,221	101,950
21.2	Commercial auto physical damage	2,469,105	2,728,890	0	1,183,341	1,520,993	1,474,511	116,276	605	467	5,402	319,857	41,051
22.	Aircraft (all perils)	0	0	0	0	0	0	0	0	0	0	0	0
23.	Fidelity	0	0	0	0	0	0	0	0	0	0	0	0
24.	Surety	0	0	0	0	0	0	0	0	0	0	0	0
26.	Burglary and theft	0	0	0	0	0	0	0	0	0	0	0	0
27.	Boiler and machinery	0	0	0	0	0	0	0	0	0	0	0	0
28.	Credit	0	0	0	0	0	0	0	0	0	0	0	0
30.	Warranty	0	0	0	0	0	0	0	0	0	0	0	0
34.	Aggregate write-ins for other lines of business	0	0	0	0	0	0	0	0	0	0	0	0
35.	TOTAL (a)	50,473,511	56,214,501	0	20,194,582	30,364,621	14,759,164	205,657,691	3,464,354	3,484,396	9,392,473	7,353,061	814,331
DETAILS OF WRITE-INS													
3401.	.....											
3402.	.....											
3403.	.....											
3498.	Summary of remaining write-ins for Line 34 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0
3499.	Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Finance and service charges not included in Lines 1 to 35 \$629,468

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 1

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year	Reinsured by Company	Reinsured by Other Insurance Companies	Total
	\$0	\$0	\$0

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
0199999 Total Reinsurance Ceded by Portfolio				0	0
0299999 Total Reinsurance Assumed by Portfolio				0	0
NONE					

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On								Reinsurance Payable		18	19	
						7	8	9	10	11	12	13	14	15	16			17
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
Authorized - Affiliates - U.S. Intercompany Pooling																		
31-4192970	14060	GRANGE MUT CAS CO	OH		46,087			23,528	9,128	10,441	4,051	19,092		66,240			66,240	
0199999 - Total Authorized - Affiliates - U.S. Intercompany Pooling					46,087	0	0	23,528	9,128	10,441	4,051	19,092	0	66,240	0	0	66,240	0
0899999 - Total Authorized - Affiliates - Total Authorized - Affiliates					46,087	0	0	23,528	9,128	10,441	4,051	19,092	0	66,240	0	0	66,240	0
Authorized - Other U.S. Unaffiliated Insurers																		
06-1430254	10348	ARCH REINS CO	DE		24									.0			.0	
47-0574325	32603	BERKLEY INS CO	DE		198							.95		.95			.95	
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		13					24				.24			.24	
35-2293075	11551	ENDURANCE ASSUR CORP	DE		35					12				.12			.12	
22-2005057	26921	EVEREST REINS CO	DE		52									.0			.0	
13-2673100	22039	GENERAL REINS CORP	DE		146			25				.29		.55			.55	
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		318			72				150		221			221	
13-4924125	10227	MUNICH REINS AMER INC	DE		172					190				190			190	
13-3138390	42307	NAVIGATORS INS CO	NY		8									.0			.0	
23-1641984	10219	QBE REINS CORP	PA		2									.0			.0	
52-1952955	10357	RENAISSANCE REINS US INC	MD		59					59				.59			.59	
43-0727872	15105	SAFETY NATL CAS CORP	MO		7									.0			.0	
13-1675535	25364	SWISS REINS AMER CORP	NY		97									.0			.0	
13-5616275	19453	TRANSATLANTIC REINS CO	NY		17									.0			.0	
13-1290712	20583	XL REINS AMER INC	NY		2									.0			.0	
0999999 - Total Authorized - Other U.S. Unaffiliated Insurers					1,151	0	0	97	0	285	0	274	0	657	0	0	657	0
Authorized - Pools - Mandatory Pools																		
AA-9991159	00000	MICHIGAN CATASTROPHIC CLAIMS ASSN	MI		2,870	3,548		171,301				845		175,693			175,693	
1099999 - Total Authorized - Pools - Mandatory Pools					2,870	3,548	0	171,301	0	0	0	845	0	175,693	0	0	175,693	0
Authorized - Other Non-U.S. Insurers																		
AA-1126033	00000	LLOYD'S SYNDICATE NUMBER 33	GBR		24									.0			.0	
AA-1126435	00000	LLOYD'S SYNDICATE NUMBER 435	GBR		8									.0			.0	
AA-1126510	00000	LLOYD'S SYNDICATE NUMBER 510	GBR		3									.0			.0	
AA-1126566	00000	LLOYD'S SYNDICATE NUMBER 566 (Incidental to 2999)	GBR		1									.0			.0	
AA-1126623	00000	LLOYD'S SYNDICATE NUMBER 623	GBR		3									.0			.0	
AA-1126780	00000	LLOYD'S SYNDICATE NUMBER 780	GBR		1									.0			.0	
AA-1127084	00000	LLOYD'S SYNDICATE NUMBER 1084	GBR		18									.0			.0	
AA-1127414	00000	Lloyd's Syndicate Number 1414	GBR		1									.0			.0	
AA-1120157	00000	LLOYD'S SYNDICATE NUMBER 1729	GBR		1									.0			.0	
AA-1120171	00000	Lloyd's Syndicate Number 1856	GBR		1									.0			.0	
AA-1120084	00000	Lloyd's Syndicate Number 1955	GBR		1									.0			.0	
AA-1128001	00000	LLOYD'S SYNDICATE NUMBER 2001	GBR		27									.0			.0	
AA-1128003	00000	LLOYD'S SYNDICATE NUMBER 2003	GBR		21									.0			.0	
AA-1120071	00000	Lloyd's Syndicate Number 2007	GBR		2									.0			.0	
AA-1128010	00000	LLOYD'S SYNDICATE NUMBER 2010	GBR		4									.0			.0	
AA-1120158	00000	LLOYD'S SYNDICATE NUMBER 2014	GBR		2									.0			.0	
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		12									.0			.0	
AA-1128791	00000	LLOYD'S SYNDICATE NUMBER 2791	GBR		11									.0			.0	
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		1									.0			.0	
AA-1126006	00000	Lloyd's Syndicate Number 4472	GBR		2									.0			.0	
AA-1120181	00000	Lloyd's Syndicate Number 5886	GBR		3									.0			.0	
AA-3194168	00000	Aspen Bermuda Ltd	BMU		45					71				.71			.71	
AA-1340125	00000	HANNOVER RUECK SE	DEU		55					119				119			119	
AA-1840000	00000	MAPFRE RE COMPANIA DE REASEGUROS SA	ESP		5									.0			.0	
AA-3190829	00000	Markel Bermuda Ltd	BMU		1									.0			.0	
1299999 - Total Authorized - Other Non-U.S. Insurers					252	0	0	0	0	190	0	0	0	190	0	0	190	0
1399999 - Total Authorized - Total Authorized					50,359	3,548	0	194,925	9,128	10,917	4,051	20,211	0	242,780	0	0	242,780	0
Unauthorized - Other non-U.S. Insurers																		
AA-1460019	00000	MS Amlin AG	CHE		21									.0			.0	
AA-3194126	00000	Arch Reins Ltd	BMU		28									.0			.0	
AA-3190770	00000	Chubb Tempest Reins Ltd	BMU		19									.0			.0	
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU		2									.0			.0	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									Reinsurance Payable		18	19
						7	8	9	10	11	12	13	14	15	16	17		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commis- sions	Cols. 7 through 14 Totals	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	Funds Held By Company Under Reinsurance Treaties
AA-3191289.....	00000.....	Fidelis Ins Bermuda Ltd.....	BMU.....		0									0			0	
AA-5340310.....	00000.....	GEN INS CORP OF INDIA.....	IND.....		1									0			0	
AA-3191190.....	00000.....	Hamilton Re Ltd.....	BMU.....		5									0			0	
AA-3190875.....	00000.....	Hiscox Ins Co (Bermuda) Ltd.....	BMU.....		42									0			0	
AA-3191298.....	00000.....	Qatar Reins Co Ltd.....	BMU.....		5									0			0	
AA-3190757.....	00000.....	XL Re Ltd.....	BMU.....		19									0			0	
AA-1440076.....	00000.....	SIRIUS INTL INS CORP.....	SWE.....		1									0			0	
AA-5324100.....	00000.....	TAIPING REINS CO LTD.....	HKG.....		3									0			0	
AA-1460023.....	00000.....	Tokio Millennium Re AG.....	CHE.....		10									0			0	
2599999 - Total Unauthorized - Other Non-U.S. Insurers					155	0	0	0	0	0	0	0	0	0	0	0	0	0
2699999 - Total Unauthorized - Total Unauthorized					155	0	0	0	0	0	0	0	0	0	0	0	0	0
4099999 - Total Authorized, Unauthorized and Certified					50,514	3,548	0	194,925	9,128	10,917	4,051	20,211	0	242,780	0	0	242,780	0
9999999 Totals					50,514	3,548	0	194,925	9,128	10,917	4,051	20,211	0	242,780	0	0	242,780	0

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

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.	GRANGE MUT CAS CO.....		46,086,827
2.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....		2,869,555
3.	HARTFORD STEAM BOIL INSPEC & INS CO.....		317,548
4.	BERKLEY INS CO.....		197,750
5.	MUNICH REINS AMER INC.....		172,019

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
1.	GRANGE MUT CAS CO.....	66,239,834	46,086,827	Yes [X] No []
2.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....	175,766,219	2,869,555	Yes [] No [X]
3.	HARTFORD STEAM BOIL INSPEC & INS CO.....	221,416	317,548	Yes [] No [X]
4.	GENERAL REINS CORP.....	54,535	146,144	Yes [] No [X]
5.	BERKLEY INS CO.....	95,376	197,750	Yes [] No [X]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 4

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

[illegible]

Schedule F - Part 5

NONE

Schedule F - Part 6 - Section 1

NONE

Schedule F - Part 6 - Section 2

NONE

Schedule F - Part 7

NONE

Schedule F - Part 8

NONE

SCHEDULE F - PART 9

Restatement of Balance Sheet to Identify Net Credit for Reinsurance			
	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	38,783,547		38,783,547
2. Premiums and considerations (Line 15)	0		0
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	3,548,074	(3,548,074)	0
4 Funds held by or deposited with reinsured companies (Line 16.2).....	0		0
5. Other assets	2,139,801		2,139,801
6. Net amount recoverable from reinsurers		70,906,894	70,906,894
7. Protected cell assets (Line 27)	0		0
8. Totals (Line 28)	44,471,422	67,358,820	111,830,242
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3)	0	47,147,947	47,147,947
10. Taxes, expenses, and other obligations (Lines 4 through 8)	58,138		58,138
11. Unearned premiums (Line 9)	0	20,210,873	20,210,873
12. Advance premiums (Line 10)	0		0
13. Dividends declared and unpaid (Line 11.1 and 11.2)	0		0
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	0		0
15. Funds held by company under reinsurance treaties (Line 13)	0		0
16. Amounts withheld or retained by company for account of others (Line 14)	0		0
17. Provision for reinsurance (Line 16)	0		0
18. Other liabilities	0		0
19. Total liabilities excluding protected cell business (Line 26)	58,138	67,358,820	67,416,958
20. Protected cell liabilities (Line 27)	0		0
21. Surplus as regards policyholders (Line 37)	44,413,284	X X X	44,413,284
22. Totals (Line 38)	44,471,422	67,358,820	111,830,242

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

If yes, give full explanation:
The Company participates in a 100% pooling agreement with Grange Mutual Casualty Company (Parent)

Schedule H - Part 1

NONE

Schedule H - Part 2

NONE

Schedule H - Part 3

NONE

Schedule H - Part 4

NONE

Schedule H - Part 5 - Health Claims

NONE

Schedule P - Part 1A - Home/Farm

NONE

Schedule P - Part 1B - Private Passenger

NONE

Schedule P - Part 1C - Comm Auto/Truck

NONE

Schedule P - Part 1D - Workers' Comp

NONE

Schedule P - Part 1E - Comm Multi Peril

NONE

Schedule P - Part 1F - Med Pro Liab Occ

NONE

Schedule P - Part 1F - Med Pro Liab Clm

NONE

Schedule P - Part 1G - Special Liability

NONE

Schedule P - Part 1H - Other Liab Occur

NONE

Schedule P - Part 1H - Other Liab Claims

NONE

Schedule P - Part 1I - Special Property

NONE

Schedule P - Part 1J - Auto Physical

NONE

Schedule P - Part 1K - Fidelity/Surety

NONE

Schedule P - Part 1L - Other

NONE

Schedule P - Part 1M - International

NONE

Schedule P - Part 1N - Reinsurance

NONE

Schedule P - Part 1O - Reinsurance

NONE

Schedule P - Part 1P - Reinsurance

NONE

Schedule P - Part 1R - Prod Liab Occur

NONE

Schedule P - Part 1R - Prod Liab Claims

NONE

Schedule P - Part 1S-Fin./Mtg. Guaranty

NONE

Schedule P - Part 1T - Warranty

NONE

Schedule P - Part 2A

NONE

Schedule P - Part 2B

NONE

Schedule P - Part 2C

NONE

Schedule P - Part 2D

NONE

Schedule P - Part 2E

NONE

Schedule P - Part 2F - Section 1

NONE

Schedule P - Part 2F - Med Pro Liab Clm

NONE

Schedule P - Part 2G

NONE

Schedule P - Part 2H - Other Liab Occur

NONE

Schedule P - Part 2H - Other Liab Claim

NONE

Schedule P - Part 2I

NONE

Schedule P - Part 2J

NONE

Schedule P - Part 2K

NONE

Schedule P - Part 2L

NONE

Schedule P - Part 2M

NONE

Schedule P - Part 2N

NONE

Schedule P - Part 2O

NONE

Schedule P - Part 2P

NONE

Schedule P - Part 2R - Prod Liab Occur

NONE

Schedule P - Part 2R - Prod Liab Claims

NONE

Schedule P - Part 2S

NONE

Schedule P - Part 2T

NONE

Schedule P - Part 3A

NONE

Schedule P - Part 3B

NONE

Schedule P - Part 3C

NONE

Schedule P - Part 3D

NONE

Schedule P - Part 3E

NONE

Schedule P - Part 3F - Med Pro Liab Occ

NONE

Schedule P - Part 3F - Med Pro Liab Clm

NONE

Schedule P - Part 3G

NONE

Schedule P - Part 3H - Other Liab Occur

NONE

Schedule P - Part 3H - Other Liab Claims

NONE

Schedule P - Part 3I

NONE

Schedule P - Part 3J

NONE

Schedule P - Part 3K

NONE

Schedule P - Part 3L

NONE

Schedule P - Part 3M

NONE

Schedule P - Part 3N

NONE

Schedule P - Part 3O

NONE

Schedule P - Part 3P
NONE

Schedule P - Part 3R - Prod Liab Occur
NONE

Schedule P - Part 3R - Prod Liab Claims
NONE

Schedule P - Part 3S
NONE

Schedule P - Part 3T
NONE

Schedule P - Part 4A
NONE

Schedule P - Part 4B
NONE

Schedule P - Part 4C
NONE

Schedule P - Part 4D
NONE

Schedule P - Part 4E
NONE

Schedule P - Part 4F - Med Pro Liab Occ
NONE

Schedule P - Part 4F - Med Pro Liab Clm

NONE

Schedule P - Part 4G

NONE

Schedule P - Part 4H - Other Liab Occur

NONE

Schedule P - Part 4H - Other Liab Claims

NONE

Schedule P - Part 4I

NONE

Schedule P - Part 4J

NONE

Schedule P - Part 4K

NONE

Schedule P - Part 4L

NONE

Schedule P - Part 4M

NONE

Schedule P - Part 4N

NONE

Schedule P - Part 4O

NONE

Schedule P - Part 4P

NONE

Schedule P - Part 4R - Prod Liab Occur

NONE

Schedule P - Part 4R - Prod Liab Claims

NONE

Schedule P - Part 4S

NONE

Schedule P - Part 4T - Warranty

NONE

Schedule P - Part 5A- SN1

NONE

Schedule P - Part 5A- SN2

NONE

Schedule P - Part 5A- SN3

NONE

Schedule P - Part 5B- SN1

NONE

Schedule P - Part 5B- SN2

NONE

Schedule P - Part 5B- SN3

NONE

Schedule P - Part 5C- SN1

NONE

Schedule P - Part 5C- SN2

NONE

Schedule P - Part 5C- SN3

NONE

Schedule P - Part 5D- SN1

NONE

Schedule P - Part 5D- SN2

NONE

Schedule P - Part 5D- SN3

NONE

Schedule P - Part 5E- SN1

NONE

Schedule P - Part 5E- SN2

NONE

Schedule P - Part 5E- SN3

NONE

Schedule P - Part 5F- SN1A

NONE

Schedule P - Part 5F- SN2A

NONE

Schedule P - Part 5F- SN3A

NONE

Schedule P - Part 5F- SN1B

NONE

Schedule P - Part 5F- SN2B

NONE

Schedule P - Part 5F- SN3B

NONE

Schedule P - Part 5H- SN1A

NONE

Schedule P - Part 5H- SN2A

NONE

Schedule P - Part 5H- SN3A

NONE

Schedule P - Part 5H- SN1B

NONE

Schedule P - Part 5H- SN2B

NONE

Schedule P - Part 5H- SN3B

NONE

Schedule P - Part 5R- SN1A

NONE

Schedule P - Part 5R- SN2A

NONE

Schedule P - Part 5R- SN3A

NONE

Schedule P - Part 5R- SN1B

NONE

Schedule P - Part 5R- SN2B

NONE

Schedule P - Part 5R- SN3B

NONE

Schedule P - Part 5T- SN1

NONE

Schedule P - Part 5T- SN2

NONE

Schedule P - Part 5T- SN3

NONE

Schedule P - Part 6C - SN1

NONE

Schedule P - Part 6C - SN2

NONE

Schedule P - Part 6D - SN1

NONE

Schedule P - Part 6D - SN2

NONE

Schedule P - Part 6E - SN1

NONE

Schedule P - Part 6E - SN2

NONE

Schedule P - Part 6H - SN1A

NONE

Schedule P - Part 6H - SN2A

NONE

Schedule P - Part 6H - SN1B

NONE

Schedule P - Part 6H - SN2B

NONE

Schedule P - Part 6M - SN1

NONE

Schedule P - Part 6M - SN2

NONE

Schedule P - Part 6N - SN1

NONE

Schedule P - Part 6N - SN2

NONE

Schedule P - Part 6O - SN1

NONE

Schedule P - Part 6O - SN2

NONE

Schedule P - Part 6R - SN1A

NONE

Schedule P - Part 6R - SN2A

NONE

Schedule P - Part 6R - SN1B

NONE

Schedule P - Part 6R - SN2B

NONE

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

SECTION 1

	1	2	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	0		0.0	(3,787)		0.0
2. Private Passenger Auto Liability/Medical	0		0.0	(2,233)		0.0
3. Commercial Auto/Truck Liability/Medical	0		0.0	(885)		0.0
4. Workers' Compensation	0		0.0	(438)		0.0
5. Commercial Multiple Peril	0		0.0	(1,405)		0.0
6. Medical Professional Liability-Occurrence	0		0.0	0		0.0
7. Medical Professional Liability -Claims-Made	0		0.0	0		0.0
8. Special Liability	0		0.0	0		0.0
9. Other Liability-Occurrence	0		0.0	(224)		0.0
10. Other Liability-Claims-Made	0		0.0	(2)		0.0
11. Special Property	0		0.0	(499)		0.0
12. Auto Physical Damage	0		0.0	(2,207)		0.0
13. Fidelity/Surety	0		0.0	0		0.0
14. Other	0		0.0	0		0.0
15. International	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-Nonproportional Assumed Liability	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-Nonproportional Assumed Financial Lines	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability-Occurrence	0		0.0	0		0.0
20. Products Liability-Claims-Made	0		0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22. Warranty	0		0.0	0		0.0
23. Totals	0	0	0.0	(11,681)	0	0.0

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS
(continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

SECTION 1						
	1	2	3	4	5	6
Schedule P - Part 1	Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners	0		0.0	(3,787)		0.0
2. Private Passenger Auto Liability/Medical	0		0.0	(2,233)		0.0
3. Commercial Auto/Truck Liability/Medical	0		0.0	(885)		0.0
4. Workers' Compensation	0		0.0	(438)		0.0
5. Commercial Multiple Peril	0		0.0	(1,405)		0.0
6. Medical Professional Liability-Occurrence	0		0.0	0		0.0
7. Medical Professional Liability -Claims-Made	0		0.0	0		0.0
8. Special Liability	0		0.0	0		0.0
9. Other Liability-Occurrence	0		0.0	(224)		0.0
10. Other Liability-Claims-made	0		0.0	(2)		0.0
11. Special Property	0		0.0	(499)		0.0
12. Auto Physical Damage	0		0.0	(2,207)		0.0
13. Fidelity/Surety	0		0.0	0		0.0
14. Other	0		0.0	0		0.0
15. International	0		0.0	0		0.0
16. Reinsurance-Nonproportional Assumed Property	0		0.0	0		0.0
17. Reinsurance-Nonproportional Assumed Liability	0		0.0	0		0.0
18. Reinsurance-Nonproportional Assumed Financial Lines	0		0.0	0		0.0
19. Products Liability-Occurrence	0		0.0	0		0.0
20. Products Liability-Claims-Made	0		0.0	0		0.0
21. Financial Guaranty/Mortgage Guaranty	0		0.0	0		0.0
22. Warranty	0		0.0	0		0.0
23. Totals	0	0	0.0	(11,681)	0	0.0

SECTION 2										
Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0		0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3										
Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR END (\$000 OMITTED)									
	1	2	3	4	5	6	7	8	9	10
	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS
(continued)

SECTION 4

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR END (\$000 OMITTED)									
	1 2008	2 2009	3 2010	4 2011	5 2012	6 2013	7 2014	8 2015	9 2016	10 2017
1. Prior	0	0	0	0	0	0	0	0	0	
2. 2008	0	0	0	0	0	0	0	0	0	
3. 2009	XXX	0	0	0	0	0	0	0	0	
4. 2010	XXX	XXX	0	0	0	0	0	0	0	
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

1.

The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
- 1.1

Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?
If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

Yes [] No [X]
- 1.2

What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?

\$
- 1.3

Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65?

Yes [] No []
- 1.4

Does the company report any DDR reserve as loss or loss adjustment expense reserve?

Yes [] No []
- 1.5

If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

Yes [] No [] N/A []
- 1.6

If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred		DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
		1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601	Prior		
1.602	2008		
1.603	2009		
1.604	2010		
1.605	2011		
1.606	2012		
1.607	2013		
1.608	2014		
1.609	2015		
1.610	2016		
1.611	2017		
1.612	Totals	0	0

2.

The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?

Yes [X] No []
3.

The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?:

Yes [X] No []
4.

Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?

Yes [] No [X]

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.
5.

What were the net premiums in force at the end of the year for:
(in thousands of dollars)

5.1 Fidelity

\$

5.2 Surety

\$
6.

Claim count information is reported per claim or per claimant (indicate which).CLAIMANT
If not the same in all years, explain in Interrogatory 7.
- 7.1

The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?

Yes [X] No []
- 7.2

An extended statement may be attached.
As of 1/1/2017, the intercompany pooling agreement was amended. The intercompany pooling agreement now cedes underwriting results back only to the two mutual parent companies, Grange Mutual Casualty Company and Integrity Mutual Insurance Company, with their respective stock subsidiary companies receiving 0% from the pool. Grange Mutual Insurance Company remains the lead company.....

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

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. US Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CAN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

SCHEDULE Y

PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation

68

68

68

68

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

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

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	.....NO.....
13.	Will the Financial Guaranty Insurance Exhibit be filed by March 1?	.....NO.....
14.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....NO.....
15.	Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	.....NO.....
16.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
17.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	.....NO.....
18.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	.....NO.....
19.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
20.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	.....YES.....
21.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
22.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	.....YES.....
23.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	.....NO.....
24.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....YES.....
25.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....NO.....
26.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....NO.....
27.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....NO.....

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

28.

Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution Contracts be filed with the state of domicile and the NAIC by March 1?

.....NO.....

APRIL FILING

29.

Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?

.....NO.....

30.

Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....

31.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....NO.....

32.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....

33.

Will the regulator only (non-public) Supplemental Health Care Exhibit’s Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....

34.

Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?

.....YES.....

AUGUST FILING

35.

Will Management’s Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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OVERFLOW PAGE FOR WRITE-INS

P011 Additional Aggregate Lines for Page 11 Line 24.
*EXEXP - Underwriting and Investment - Part 3 - Expenses

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Deferred Compensation.....			1,340	1,340
2405. Investment Banking Fees.....			33,214	33,214
2497. Summary of remaining write-ins for Line 24 from page 11	0	0	34,553	34,553



SUPPLEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

NAIC Group Code 00267

NAIC Company Code 11136

Company Name GRANGE INSURANCE COMPANY OF MICHIGAN

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$ 150	\$ 150	\$ 0	\$ (4)	\$ 0	\$ 4	100.0 %	0.0 %

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy? Yes [] No [X]
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated? Yes [] No [X]
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified: \$

2.32 Amount estimated using reasonable assumptions: \$

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$	\$	\$	\$	%	%

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 – Part 2 - 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

