



## PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

**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 (Current Period)	00267 (Prior Period)	NAIC Company Code	11136	Employer's ID Number	31-1769414
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 (Street and Number)		, Columbus, OH, US 43206-1014		(City or Town, State, Country and Zip Code)	
Main Administrative Office	671 South High Street (Street and Number)		Columbus, OH, US 43206-1014		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		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)			
	ackermannnd@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 & CEO

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## OTHER OFFICERS

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JOHN CHRISTOPHER MONTGOMERY, VP - INVESTMENTS

# **DIRECTORS OR TRUSTEES**

**LEWIS BOYER**      **DOUGLAS BAI**

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

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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.

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JOHN (NMN) AMMENDOLA  
PRESIDENT & CEO

LAVAWN DEE COLEMAN  
EVP & SECRETARY

TERESA JEAN DALENTA  
EVP & CFO

Subscribed and sworn to before me  
this 22nd day of February, 2018

EVP & CFO Yes [ X ] No [ ]

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	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	Unearned Premium Reserves											
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		
13.	Group accident and health (b)												37		
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		(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



**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 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	4	5	6	7	8	9	10
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses
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-cancellable 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
35. TOTAL (a)		0	0	0	0	0	0	0	0	0	0	0
<b>DETAILS OF WRITE-INS</b>												
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
3499. Totals (Lines 3401 through 3403 Plus 3498) (Line 34 above)		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 .....



# 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	Line of Business	BUSINESS IN THE STATE OF Consolidated				DURING THE YEAR 2017				NAIC Company Code 11136			
			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	5 Direct Losses (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			Unearned Premium Reserves							
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	0	359
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		4,486	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 products

.....0 and number of persons insured under indemnity only products .....0

**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)**

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust	
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 +7								
<b>Affiliates - U.S. Intercompany Pooling</b>															
31-4192970	14060	GRANGE MUT CAS CO	OH	(11,681)		0	0			0					
0199999 - Total Affiliates - U.S. Intercompany Pooling				(11,681)	0	0	0	0	0	0	0	0	0	0	0
0899999 - Total Affiliates - Total Affiliates				(11,681)	0	0	0	0	0	0	0	0	0	0	0
<b>Pools and Associations - Mandatory Pools</b>															
AA-9992118	00000	NATIONAL WORKERS COMP REINS POOL	NY	41		111	111			16					
1099999 - Pools and Associations - Mandatory Pools - Pools, Associations or Other Similar Facilities				41	0	111	111	0	0	16	0	0	0	0	0
1299999 - Pools and Associations - Total Pools and Associations				41	0	111	111	0	0	16	0	0	0	0	0
9999999 Totals				(11,640)	0	111	111	0	0	16	0	0	0	0	0

**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**

**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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On											Reinsurance Payable		18 Net Amount Recoverable From Reinsurers	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers				
<b>Authorized - Affiliates - U.S. Intercompany Pooling</b>																				
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	<b>- Total Authorized - Affiliates - U.S. Intercompany Pooling</b>					46,087	0	0	23,528	9,128	10,441	4,051	19,092	0	66,240	0	66,240	0		
0899999	<b>- Total Authorized - Affiliates - Total Authorized - Affiliates</b>					46,087	0	0	23,528	9,128	10,441	4,051	19,092	0	66,240	0	66,240	0		
<b>Authorized - Other U.S. Unaffiliated Insurers</b>																				
06-1430254	10348	ARCH REINS CO	DE		.24										0			0		
47-0574325	32603	BERKLEY INS CO	DE		.198										.95			.95		
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		.13										.24			.24		
35-2293075	11551	ENDURANCE ASSUR CORP	DE		.35										.12			.12		
22-2005057	.26921	EVEREST REINS CO	DE		.52										.0			.0		
13-2673100	22039	GENERAL REINS CORP	DE		.146										.55			.55		
06-0384680	11452	HARTFORD STEAM BOIL INSP& INS CO	CT		.318										.221			.221		
13-4924125	10227	MUNICH REINS AMER INC	DE		.172										.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		
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	XI REINS AMER INC	NY		.2										0			0		
0999999	<b>- Total Authorized - Other U.S. Unaffiliated Insurers</b>					1,151	0	0	97	0	285	0	274	0	657	0	0	657	0	
<b>Authorized - Pools - Mandatory Pools</b>																				
AA-9991159	00000	MICHIGAN CATASTROPHIC CLAIMS ASSN	MI		2,870	3,548		171,301							.845		175,693		175,693	
1099999	<b>- Total Authorized - Pools - Mandatory Pools</b>					2,870	3,548	0	171,301	0	0	0	0		.845	0	175,693	0	175,693	
<b>Authorized - Other Non-U.S. Insurers</b>																				
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-1128023	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	<b>- Total Authorized - Other Non-U.S. Insurers</b>					252	0	0	0	0	190	0	0	0	190	0	0	190	0	
1399999	<b>- Total Authorized - Total Authorized</b>					50,359	3,548	0	194,925	9,128	10,917	4,051	20,211	0	242,780	0	0	242,780	0	
<b>Unauthorized - Other non-U.S. Insurers</b>																				
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 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										Reinsurance Payable	18 Net Amount Recoverable From Reinsurers Cols. 15 - [16 + 17]	19 Funds Held By Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commis- sions	15 Cols. 7 through 14 Totals	16 Ceded Balances Payable			
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
<b>9999999 Totals</b>					<b>50,514</b>	<b>3,548</b>	<b>0</b>	<b>194,925</b>	<b>9,128</b>	<b>10,917</b>	<b>4,051</b>	<b>20,211</b>	<b>0</b>	<b>242,780</b>	<b>0</b>	<b>0</b>	<b>242,780</b>	<b>0</b>

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)**

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Current	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses					11 Total Due Cols. 5 + 10	12 Percentage Overdue Col. 10/Col. 11	13 Percentage More Than 120 Days Overdue Col. 9 / Col. 11
					6 1 to 29 Days	7 30 - 90 Days	8 91 - 120 Days	9 Over 120 Days	10 Total Overdue Cols. 6 + 7 + 8 + 9			
Authorized - Pools - Mandatory Pools												
AA-9991159.....00000.....	MICHIGAN CATASTROPHIC CLAIMS ASSN.....	MI.....		3,548					0	3,548	0.0	0.0
1099999 - Total Authorized - Pools - Mandatory Pools				3,548	0	0	0	0	0	3,548	0.0	0.0
1399999 - Total Authorized - Total Authorized				3,548	0	0	0	0	0	3,548	0.0	0.0
4099999 - Total Authorized, Unauthorized and Certified				3,548	0	0	0	0	0	3,548	0.0	0.0
9999999 Totals				3,548	0	0	0	0	0	3,548	0.0	0.0

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**

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

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES (Page 3)</b>			
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	XXX	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**

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

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

**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	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 2008	2	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	0
2. 2008 .....	0	0	0	0	0	0	0	0	0	0
3. 2009 .....	XXX	0	0	0	0	0	0	0	0	0
4. 2010 .....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011 .....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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 2008	2	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	0
2. 2008 .....	0	0	0	0	0	0	0	0	0	0
3. 2009 .....	XXX	0	0	0	0	0	0	0	0	0
4. 2010 .....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011 .....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**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	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	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	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

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

**SECTION 1**

Schedule P - Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners .....	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 2008	2	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	0
2. 2008 .....	0	0	0	0	0	0	0	0	0	0
3. 2009 .....	XXX	0	0	0	0	0	0	0	0	0
4. 2010 .....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011 .....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	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 2008	2	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	0
2. 2008 .....	0	0	0	0	0	0	0	0	0	0
3. 2009 .....	XXX	0	0	0	0	0	0	0	0	0
4. 2010 .....	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011 .....	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012 .....	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013 .....	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014 .....	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017 .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**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	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	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	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	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	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	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	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	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	0
2. 2008	0	0	0	0	0	0	0	0	0	0
3. 2009	XXX	0	0	0	0	0	0	0	0	0
4. 2010	XXX	XXX	0	0	0	0	0	0	0	0
5. 2011	XXX	XXX	XXX	0	0	0	0	0	0	0
6. 2012	XXX	XXX	XXX	XXX	0	0	0	0	0	0
7. 2013	XXX	XXX	XXX	XXX	XXX	0	0	0	0	0
8. 2014	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0	0
9. 2015	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0	0
10. 2016	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0	0
11. 2017	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

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

## SCHEDULE P INTERROGATORIES

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

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost?

Yes [ ] No [ X ]

If the answer to question 1.1 is "no", leave the following questions blank. If the answer to question 1.1 is "yes", please answer the following questions:

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

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP #65? Yes [ ] No [ ]

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 .....

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

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 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 .....	JN .....					0
16. Iowa .....	JA .....					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

**NONE**

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

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14	15 Is an SCA Filing Required? (Y/N)	16
00267	GRANGE MUTUAL CASUALTY GROUP	14060	31-4192970				GRANGE MUTUAL CASUALTY COMPANY	OH	UDP	GRANGE MUTUAL CASUALTY COMPANY	BOARD	0.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	71218	31-0739286				GRANGE LIFE INSURANCE COMPANY	OH	IA	GRANGE MUTUAL CASUALTY COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	40118	41-1405571				TRUSTGARD INSURANCE COMPANY	OH	IA	GRANGE MUTUAL CASUALTY COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	10322	31-1432675				GRANGE INDEMNITY INSURANCE COMPANY	OH	IA	GRANGE MUTUAL CASUALTY COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	11136	31-1769414				GRANGE INSURANCE COMPANY OF MICHIGAN	OH	RE	GRANGE MUTUAL CASUALTY COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	14303	39-0367560				INTEGRITY MUTUAL INSURANCE COMPANY	WI	IA	GRANGE MUTUAL CASUALTY COMPANY	BOARD	0.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	11982	42-1610213				GRANGE PROPERTY & CASUALTY INSURANCE COMPANY	OH	IA	GRANGE MUTUAL CASUALTY COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	10288	81-3455935				INTEGRITY SELECT INSURANCE COMPANY	WI	IA	INTEGRITY MUTUAL INSURANCE COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
00267	GRANGE MUTUAL CASUALTY GROUP	12986	41-2236417				INTEGRITY PROPERTY & CASUALTY INSURANCE COMPANY	WI	IA	INTEGRITY MUTUAL INSURANCE COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
		00000	31-1145043				GRANGEAMERICA	OH	NIA	GRANGE MUTUAL CASUALTY COMPANY	OWNERSHIP	100.0	GRANGE MUTUAL CASUALTY COMPANY	N	0
		00000	31-1193707				NORTHVIEW INSURANCE AGENCY	OH	NIA	GRANGE LIFE INSURANCE COMPANY	OWNERSHIP	0.0	GRANGE MUTUAL CASUALTY COMPANY	N	0

Asterisk	Explanation

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

## SCHEDULE Y

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

# 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.

	<b>MARCH FILING</b>	<b>RESPONSES</b>
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.....
	<b>APRIL FILING</b>	
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.....
	<b>MAY FILING</b>	
8.	Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	.....YES.....
	<b>JUNE FILING</b>	
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.....
	<b>AUGUST FILING</b>	
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.....
<p>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 <b>NO</b> 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 <b>SEE EXPLANATION</b> and provide an explanation following the interrogatory questions.</p>		
	<b>MARCH FILING</b>	
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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**Bar Code:**

12.   
1 1 1 3 6 2 0 1 7 4 2 0 0 0 0 0 0

13.   
1 1 1 3 6 2 0 1 7 2 4 0 0 0 0 0 0

14.   
1 1 1 3 6 2 0 1 7 3 6 0 5 9 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE GRANGE INSURANCE COMPANY OF MICHIGAN  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

15.		1 1 1 3 6 2 0 1 7 4 5 5 0 0 0 0 0 0
16.		1 1 1 3 6 2 0 1 7 4 9 0 0 0 0 0 0 0
17.		1 1 1 3 6 2 0 1 7 3 8 5 0 0 0 0 0 0
18.		1 1 1 3 6 2 0 1 7 4 0 1 0 0 0 0 0 0
19.		1 1 1 3 6 2 0 1 7 3 6 5 0 0 0 0 0 0
23.		1 1 1 3 6 2 0 1 7 5 0 0 0 0 0 0 0 0
25.		1 1 1 3 6 2 0 1 7 2 2 4 0 0 0 0 0 0
26.		1 1 1 3 6 2 0 1 7 2 2 5 0 0 0 0 0 0
27.		1 1 1 3 6 2 0 1 7 2 2 6 0 0 0 0 0 0
28.		1 1 1 3 6 2 0 1 7 5 5 5 0 0 0 0 0 0
29.		1 1 1 3 6 2 0 1 7 2 3 0 5 9 0 0 0 0
30.		1 1 1 3 6 2 0 1 7 3 0 6 0 0 0 0 0 0
31.		1 1 1 3 6 2 0 1 7 2 1 0 0 0 0 0 0 0
32.		1 1 1 3 6 2 0 1 7 2 1 6 5 9 0 0 0 0
33.		1 1 1 3 6 2 0 1 7 2 1 7 0 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

P011 Additional Aggregate Lines for Page 11 Line 24.

\*EXEXP - Underwriting and Investment - Part 3 - Expenses

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 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
\$	\$	\$	\$	%	%

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