

Updated Schedule D Part 3 & Part 5 for balancing issue. Updated Schedule P Part 1 for 2011 Premium Earned information.



PROPERTY AND CASUALTY COMPANIES—ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2018
OF THE CONDITION AND AFFAIRS OF THE
GRANGE MUTUAL CASUALTY COMPANY

NAIC Group Code	00267 (Current Period)	00267 (Prior Period)	NAIC Company Code	14060	Employer's ID Number	31-4192970
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	Ohio		
Country of Domicile	United States					
Incorporated/Organized	03/25/1935		Commenced Business	04/20/1935		
Statutory Home Office	671 South High Street (Street and Number)		Columbus, OH, US 43206-1014 (City or Town, State, Country and Zip Code)		614-445-2900 (Area Code) (Telephone Number)	
Main Administrative Office	671 South High Street (Street and Number)		Columbus, OH, US 43206-1014 (City or Town, State, Country and Zip Code)		614-445-2900 (Area Code) (Telephone Number)	
Mail Address	671 South High Street (Street and Number or P.O. Box)		Columbus, OH, US 43206-1014 (City or Town, State, Country and Zip Code)		614-445-2900 (Area Code) (Telephone Number)	
Primary Location of Books and Records	671 South High Street (Street and Number)		Columbus, OH, US 43206-1014 (City or Town, State, Country and Zip Code)		614-445-2900 (Area Code) (Telephone Number)	
Internet Web Site Address	www.grangeinsurance.com					
Statutory Statement Contact	Jeffrey P Siefker (Name)		614-445-2900 (Area Code) (Telephone Number) (Extension)		614-542-3017 (Fax Number)	
	siefkerj@grangeinsurance.com (E-Mail Address)					

OFFICERS

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

OTHER OFFICERS

MICHELLE RENEE BENZ	EVP - CHIEF SALES & MARKETING OFFICER	DOREEN YVONNE DELANEY	EVP - CHIEF OPERATIONS OFFICER
JOHN HOAGLAND NORTH	EVP - PRESIDENT - PERSONAL LINES	LINDA MARKO ROUBINEK	EVP - CHIEF CUSTOMER INTERACTIONS OFFICER
MICHAEL ANTHONY WINNER	EVP - PRESIDENT - COMMERCIAL LINES		

DIRECTORS OR TRUSTEES

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

State of Ohio

ss

County of Franklin

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

JOHN (NMN) AMMENDOLA
PRESIDENT & CEOLAVAWN DEE COLEMAN
EVP & SECRETARYTERESA JEAN DALENTA
EVP & CFO

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

Subscribed and sworn to before me
this 25th day of February, 20191
05/31/2019
17Teresa J. Burchwell, Notary Public
April 28, 2022

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE GRANGE MUTUAL CASUALTY COMPANY

SCHEDULE P - ANALYSIS OF LOSSES AND LOSS EXPENSES
SCHEDULE P - PART 1 - SUMMARY

(\$000 Omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed	
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded				
1. Prior	XXX	XXX	XXX	3,195	1,985	.600	.61	.21	.0	340	.1,770	XXX	
2. 2009	1,110,432	56,014	1,054,418	655,909	18,716	20,902	.78	.88,042	.4	34,589	746,055	XXX	
3. 2010	1,130,319	54,705	1,075,614	673,017	21,162	23,166	.45	.93,107	.9	38,268	768,074	XXX	
4. 2011	1,061,996	60,237	1,001,759	706,020	90,583	26,903	.540	.91,032	.17	34,607	732,815	XXX	
5. 2012	1,049,020	55,725	993,294	612,887	28,500	23,917	.262	.84,914	.25	33,115	692,931	XXX	
6. 2013	1,112,953	51,619	1,061,333	596,868	15,782	26,221	.709	.90,515	.25	34,394	697,088	XXX	
7. 2014	1,183,215	48,946	1,134,270	625,360	5,853	28,718	.106	.97,986	.76	38,687	746,029	XXX	
8. 2015	1,220,621	44,297	1,176,325	617,035	12,708	26,089	.792	.98,123	.126	37,636	727,621	XXX	
9. 2016	1,178,833	43,320	1,135,513	509,911	2,639	12,606	.34	.95,812	.13	35,113	615,644	XXX	
10. 2017	1,152,878	35,149	1,117,729	493,598	4,531	.6,475	.39	.93,010	.11	32,787	588,501	XXX	
11. 2018	1,175,563	36,800	1,138,763	394,746	9,434	2,332	.80	82,114	.14	18,190	469,663	XXX	
12. Totals	XXX	XXX	XXX	5,888,546	211,891	197,928	2,749	914,677	320	337,726	6,786,191	XXX	

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded			
1.	135,058	131,208	3,633	.0	.50	0	732	.0	.110	0	0	.8,374	XXX
2.	1,406	.496	432	.73	.0	0	645	.0	.52	0	.81	1,968	XXX
3.	8,956	8,213	614	.134	.0	0	1,055	.0	.94	0	.142	2,372	XXX
4.	14,515	12,345	1,118	.248	.0	0	1,144	.0	.75	0	.193	.4,259	XXX
5.	21,018	16,523	1,800	.483	.0	0	1,568	.0	.176	0	.295	7,557	XXX
6.	25,690	19,424	3,445	.784	.0	0	2,800	.0	.307	0	.473	12,033	XXX
7.	15,433	1,686	.7,122	1,237	.0	0	5,056	.0	.816	0	.821	25,504	XXX
8.	24,021	.806	12,652	.1,956	.0	0	10,058	.0	.1,636	0	.1,405	.45,605	XXX
9.	41,260	.48	22,723	.2,763	.2	0	15,494	.0	.3,752	0	.2,718	.80,420	XXX
10.	.66,906	.23	41,194	.3,608	.6	0	22,860	.0	.7,123	0	.5,276	.134,458	XXX
11.	147,996	6,670	106,291	4,442	.61	0	31,509	0	41,035	0	18,185	315,781	XXX
12.	502,259	197,440	201,025	15,728	118	0	92,921	0	55,177	0	29,588	638,331	XXX

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)				Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	35 Losses Unpaid		36 Loss Expenses Unpaid	
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Direct and Assumed	Ceded		
1.	XXX	XXX	XXX	XXX	XXX	XXX	.0	.0	XXX	.7,482	.892	
2.	767,389	19,366	.748,023	.69.1	.34.6	.70.9	.0	.0	.96.0	.1,271	.697	
3.	800,009	29,563	.770,446	.70.8	.54.0	.71.6	.0	.0	.96.0	.1,223	.1,149	
4.	840,806	103,732	.737,074	.79.2	.172.2	.73.6	.0	.0	.96.0	.3,040	.1,219	
5.	746,280	45,793	.700,487	.71.1	.82.2	.70.5	.0	.0	.96.0	.5,812	.1,745	
6.	745,845	36,725	.709,121	.67.0	.71.1	.66.8	.0	.0	.96.0	.8,926	.3,107	
7.	780,491	8,958	.771,533	.66.0	.18.3	.68.0	.0	.0	.96.0	.19,632	.5,872	
8.	789,614	16,387	.773,227	.64.7	.37.0	.65.7	.0	.0	.96.0	.33,911	.11,695	
9.	701,561	5,497	.696,064	.59.5	.12.7	.61.3	.0	.0	.96.0	.61,172	.19,248	
10.	731,171	8,212	.722,960	.63.4	.23.4	.64.7	.0	.0	.96.0	.104,470	.29,988	
11.	806,084	20,640	.785,444	.68.6	.56.1	.69.0	.0	.0	.96.0	.243,176	.72,605	
12.	XXX	XXX	XXX	XXX	XXX	XXX	0	0	XXX	490,115	148,216	

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