



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

NAIC Group Code	00267	00267	NAIC Company Code	14060	Employer's ID Number	31-4192970
	(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	03/25/1935			Commenced Business		04/20/1935
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			Columbus, OH, US 43206-1014		
	(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	Jeffrey P Siefker			614-445-2900		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	siefkerj@grangeinsurance.com			614-542-3017		
	(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

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 ofOhio.....
County ofFranklin.....

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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.

JOHN (NMN) AMMENDOLA PRESIDENT & CEO	LAVAWN DEE COLEMAN EVP & SECRETARY	TERESA JEAN DALENTA EVP & CFO
Subscribed and sworn to before me this 25th day of February, 2019	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [] No [X] 1 05/31/2019 17

Teresa J. Burchwell, Notary Public
April 28, 2022

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
	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)	Number of Claims Reported Direct and Assumed
				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					
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	27	28	29	30	31	32	33		35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense		Losses Unpaid	Loss Expenses Unpaid
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.