

Inset on Statement of Income was on line 1.4 should have been 1.3.



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2019  
OF THE CONDITION AND AFFAIRS OF THE

Integrity Select Insurance Company

NAIC Group Code	00267	00267	NAIC Company Code	10288	Employer's ID Number	81-3455935
	(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	08/04/2016		Commenced Business	01/10/2017		
Statutory Home Office	671 South High Street		Columbus, OH, US 43206			
	(Street and Number)		(City or Town, State, Country and Zip Code)			
Main Administrative Office	2121 East Capitol Drive		Appleton, WI, US 54911-8726		920-734-4511	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Mail Address	PO Box 539		Appleton, WI, US 54912-0539			
	(Street and Number or P.O. Box)		(City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	2121 East Capitol Drive		Appleton, WI, US 54911-8726		920-734-4511	
	(Street and Number)		(City or Town, State, Country and Zip Code)		(Area Code) (Telephone Number)	
Internet Web Site Address	www.integrityinsurance.com					
Statutory Statement Contact	Jeffrey Paul Siefker		614-593-4014			
	(Name)		(Area Code) (Telephone Number) (Extension)			
	siefkerj@grangeinsurance.com		877-730-5712			
	(E-Mail Address)		(Fax Number)			

OFFICERS

Name	Title	Name	Title
JILL ANN WAGNER	President	JEFFREY PAUL SIEFKER #	Treasurer
LAVAWN DEE COLEMAN	Secretary		

OTHER OFFICERS

JOHN CHRISTOPHER MONTGOMERY #	Assistant Vice President, Assistant Treasurer	BETH WILLIAMS MURPHY	Assistant Secretary
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DIRECTORS OR TRUSTEES

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

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

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

JILL ANN WAGNER President	JEFFREY PAUL SIEFKER Treasurer	LAVAWN DEE COLEMAN Secretary
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a. Is this an original filing? Yes [ ] No [X]

b. If no:

1. State the amendment number	1
2. Date filed	11/22/2019
3. Number of pages attached	1

Subscribed and sworn to before me this 8th day of November, 2019

Teresa J. Burchwell, Notary Public  
04/28/2022

STATEMENT OF INCOME

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
UNDERWRITING INCOME			
1. Premiums earned:			
1.1 Direct (written \$ 10,770,320 )	7,524,064	3,701,817	5,484,314
1.2 Assumed (written \$ )		0	0
1.3 Ceded (written \$ 10,770,320 )	7,524,064	3,701,817	5,484,314
1.4 Net (written \$ 0 )	0	0	0
DEDUCTIONS:			
2. Losses incurred (current accident year \$ ):			
2.1 Direct	3,508,828	2,438,109	2,745,112
2.2 Assumed		0	0
2.3 Ceded	3,508,828	2,438,109	2,745,112
2.4 Net	0	0	0
3. Loss adjustment expenses incurred		0	0
4. Other underwriting expenses incurred		0	0
5. Aggregate write-ins for underwriting deductions	0	0	0
6. Total underwriting deductions (Lines 2 through 5)	0	0	0
7. Net income of protected cells		0	0
8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7)	0	0	0
INVESTMENT INCOME			
9. Net investment income earned	81,418	76,700	105,444
10. Net realized capital gains (losses) less capital gains tax of \$ 224	843	(7,700)	(7,700)
11. Net investment gain (loss) (Lines 9 + 10)	82,261	69,000	97,745
OTHER INCOME			
12. Net gain or (loss) from agents' or premium balances charged off (amount recovered \$ amount charged off \$ )		0	0
13. Finance and service charges not included in premiums		0	0
14. Aggregate write-ins for miscellaneous income	0	0	0
15. Total other income (Lines 12 through 14)	0	0	0
16. Net income before dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Lines 8 + 11 + 15)	82,261	69,000	97,745
17. Dividends to policyholders		0	0
18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and foreign income taxes (Line 16 minus Line 17)	82,261	69,000	97,745
19. Federal and foreign income taxes incurred	15,772	14,801	20,862
20. Net income (Line 18 minus Line 19)(to Line 22)	66,489	54,199	76,883
CAPITAL AND SURPLUS ACCOUNT			
21. Surplus as regards policyholders, December 31 prior year	5,127,329	5,051,706	5,051,706
22. Net income (from Line 20)	66,489	54,199	76,883
23. Net transfers (to) from Protected Cell accounts		0	0
24. Change in net unrealized capital gains or (losses) less capital gains tax of \$		0	0
25. Change in net unrealized foreign exchange capital gain (loss)		0	0
26. Change in net deferred income tax	(945)	0	(1,260)
27. Change in nonadmitted assets		0	0
28. Change in provision for reinsurance		0	0
29. Change in surplus notes		0	0
30. Surplus (contributed to) withdrawn from protected cells		0	0
31. Cumulative effect of changes in accounting principles		0	0
32. Capital changes:			
32.1 Paid in		0	0
32.2 Transferred from surplus (Stock Dividend)		0	0
32.3 Transferred to surplus		0	0
33. Surplus adjustments:			
33.1 Paid in		0	0
33.2 Transferred to capital (Stock Dividend)		0	0
33.3 Transferred from capital		0	0
34. Net remittances from or (to) Home Office		0	0
35. Dividends to stockholders		0	0
36. Change in treasury stock		0	0
37. Aggregate write-ins for gains and losses in surplus	0	0	0
38. Change in surplus as regards policyholders (Lines 22 through 37)	65,544	54,199	75,623
39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38)	5,192,873	5,105,905	5,127,329
DETAILS OF WRITE-INS			
0501.			
0502.			
0503.			
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0
0599. TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)	0	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0
3701.			
3702.			
3703.			
3798. Summary of remaining write-ins for Line 37 from overflow page	0	0	0
3799. TOTALS (Lines 3701 through 3703 plus 3798) (Line 37 above)	0	0	0