

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



QUARTERLY STATEMENT

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

Integrity Property and Casualty Insurance Company

| | | | | | | | | | |
|---------------------------------------|---------------------------------|------------------|---|-------|---|-------------------|-------|----------------------|--------------------------------|
| NAIC Group Code | 00267 | (Current Period) | , | 00267 | (Prior Period) | NAIC Company Code | 12986 | Employer's ID Number | 41-2236417 |
| Organized under the Laws of | Ohio | | | | State of Domicile or Port of Entry | | | | Ohio |
| Country of Domicile | United States | | | | | | | | |
| Incorporated/Organized | 04/18/2007 | | | | Commenced Business | | | | 11/01/2007 |
| 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@grangeinsruance.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

| | | | |
|----------------------|---------------------|-------------------------------|---|
| BETH WILLIAMS MURPHY | Assistant Secretary | JOHN CHRISTOPHER MONTGOMERY # | Assistant Vice President, Assistant Treasurer |
| | | | |

DIRECTORS OR TRUSTEES

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

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.

| | | |
|---|-----------------------------------|---------------------------------|
| JILL ANN WAGNER President | JEFFREY PAUL SIEFKER Treasurer | LAVAWN DEE COLEMAN Secretary |
| 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 | | |

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

STATEMENT OF INCOME

| | 1 | 2 | 3 |
|---|--------------|------------|------------------|
| | Current Year | Prior Year | Prior Year Ended |
| | to Date | to Date | December 31 |
| UNDERWRITING INCOME | | | |
| 1. Premiums earned: | | | |
| 1.1 Direct (written \$ 55,232,447) | 49,792,010 | 46,373,718 | 62,387,962 |
| 1.2 Assumed (written \$) | | 0 | 0 |
| 1.3 Ceded (written \$ 55,232,447) | 49,792,010 | 46,373,718 | 62,387,962 |
| 1.4 Net (written \$ 0) | 0 | 0 | 0 |
| DEDUCTIONS: | | | |
| 2. Losses incurred (current accident year \$): | | | |
| 2.1 Direct | 34,512,638 | 25,224,602 | 36,094,021 |
| 2.2 Assumed | | 0 | 0 |
| 2.3 Ceded | 34,512,638 | 25,224,602 | 36,094,021 |
| 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 | 332,580 | 399,108 | 526,566 |
| 10. Net realized capital gains (losses) less capital gains tax of \$ 2,810 | 10,570 | (30,687) | (34,898) |
| 11. Net investment gain (loss) (Lines 9 + 10) | 343,150 | 368,421 | 491,668 |
| 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) | 343,150 | 368,421 | 491,668 |
| 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) | 343,150 | 368,421 | 491,668 |
| 19. Federal and foreign income taxes incurred | 39,109 | 69,104 | 80,706 |
| 20. Net income (Line 18 minus Line 19)(to Line 22) | 304,041 | 299,317 | 410,962 |
| CAPITAL AND SURPLUS ACCOUNT | | | |
| 21. Surplus as regards policyholders, December 31 prior year | 14,408,190 | 14,001,752 | 14,001,752 |
| 22. Net income (from Line 20) | 304,041 | 299,317 | 410,962 |
| 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 | (3,398) | 0 | (4,524) |
| 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) | 300,643 | 299,317 | 406,438 |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38) | 14,708,833 | 14,301,069 | 14,408,190 |
| DETAILS OF WRITE-INS | | | |
| 0501. | | 0 | 0 |
| 0502. | | 0 | 0 |
| 0503. | | 0 | 0 |
| 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. | | 0 | 0 |
| 1402. | | 0 | 0 |
| 1403. | | 0 | 0 |
| 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. | | 0 | 0 |
| 3702. | | 0 | 0 |
| 3703. | | 0 | 0 |
| 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 |