



PROPERTY AND CASUALTY COMPANIES – ASSOCIATION EDITION

ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2022
 OF THE CONDITION AND AFFAIRS OF THE
GRANGE INSURANCE COMPANY OF MICHIGAN

NAIC Group Code.....0267.....0267.....NAIC Company Code.....11136....Employer's ID Number.....31-1769414.....
 (Current) (Prior)

Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....
 Country of Domicile.....US.....
 Incorporated/Organized.....04/23/2001.....Commenced Business.....07/26/2001.....
 Statutory Home Office.....671 South High Street.....Columbus, OH, US 43206-1066.....
 Main Administrative Office.....671 South High Street.....Columbus, OH, US 43206-1066.....614-445-2900.....
 (Telephone)
 Mail Address.....671 South High Street.....Columbus, OH, US 43206-1066.....
 Primary Location of Books and
 Records.....671 South High Street.....Columbus, OH, US 43206-1066.....614-445-2900.....
 (Telephone)
 Internet Website Address.....www.grangeinsurance.com.....
 Statutory Statement Contact.....Jeffrey P Siefker.....614-445-2900.....
 (Telephone)
 siefkerj@grangeinsurance.com.....614-542-3017.....
 (E-Mail) (Fax)

OFFICERS

JOHN (NMN) AMMENDOLA, PRESIDENT & CEO.....TERESA JEAN BROWN, EVP & CFO.....
 LAVAWN DEE COLEMAN, EVP & SECRETARY.....

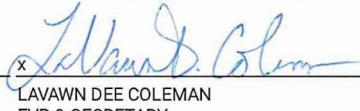
DIRECTORS OR TRUSTEES

JOHN (NMN) AMMENDOLA.....KATHIE JANE ANDRADE.....
 JAMES MARTIN BENSON.....MARK LEWIS BOXER.....
 TERESA JEAN BROWN.....MICHAEL DESMOND FRAIZER.....
 ROBERT ENLOW HOYT.....MARY MARNETTE PERRY.....
 THOMAS SIMRALL STEWART.....CHRISTIANNA (NMN) WOOD.....

State of Ohio.....
 County of Franklin..... SS

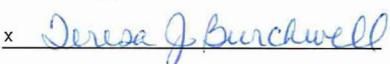
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.

x 
 JOHN (NMN) AMMENDOLA
 PRESIDENT & CEO

x 
 LAVAWN DEE COLEMAN
 EVP & SECRETARY

x 
 TERESA JEAN BROWN
 EVP & CFO

Subscribed and sworn to before me
 this 21st day of
February, 2023

x 

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



TERESA J BURCHWELL
 Notary Public
 State of Ohio
 My Comm. Expires
 April 28, 2027

EXHIBIT OF PREMIUMS AND LOSSES
 BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2022



 1 1 1 3 6 2 0 2 2 4 3 0 2 3 1 0 0

NAIC Group Code: 0267

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 Unearned Premium Reserves	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										
1. Fire	213,604	238,823	—	109,899	98,471	96,876	16,207	—	73	1,589	33,126	2,132
2.1. Allied Lines	126,488	144,313	—	60,395	18,647	18,430	9,594	—	(108)	796	20,095	1,262
2.2. Multiple Peril Crop												
2.3. Federal Flood												
2.4. Private Crop												
2.5. Private Flood												
3. Farmers' Multiple Peril	224,519	232,639	—	115,340	29,840	31,584	10,757	—	(349)	2,219	37,134	2,241
4. Homeowners' Multiple Peril	4,609,635	5,001,713	—	2,495,912	3,898,016	3,657,249	1,510,661	45,475	29,775	82,841	643,329	46,001
5.1. Commercial Multiple Peril (Non-Liability Portion)	7,183,049	7,080,039	—	3,525,186	2,944,491	2,629,991	2,011,437	100,966	110,007	126,660	1,188,779	71,681
5.2. Commercial Multiple Peril (Liability Portion)	3,478,577	3,522,484	—	1,500,413	1,271,225	3,827,417	6,474,167	117,938	313,443	2,096,466	573,772	34,714
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	97,346	102,847	—	51,622	54,802	57,657	13,290	1,828	2,189	573	14,717	971
10. Financial Guaranty												
11.1 Medical Professional Liability – Occurrence	—	—	—	—	—	—	—	—	—	—	—	—
11.2 Medical Professional Liability – Claims-Made												
12. Earthquake	1,905	1,649	—	913	—	34	55	—	(2)	1	296	19
13.1 Comprehensive (hospital and medical) ind (b)	—	—	—	—	—	—	—	—	—	—	—	—
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1. Vision Only (b)												
15.2. Dental Only (b)												
15.3. Disability Income (b)												
15.4. Medicare Supplement (b)												
15.5. Medicaid Title XIX (b)												
15.6. Medicare Title XVIII (b)												
15.7. Long-Term Care (b)												
15.8. Federal Employees Health Benefits Plan (b)												
15.9. Other Health (b)												
16. Workers' Compensation	1,355,170	1,221,233	—	488,243	418,565	785,917	1,027,513	63,886	101,109	142,814	131,447	13,524
17.1. Other Liability—Occurrence	799,949	798,703	—	385,512	3,553	54,800	739,691	—	(3,539)	11,141	133,543	7,983
17.2. Other Liability—Claims-Made	497	495	—	351	—	(72)	154	—	(341)	148	82	5
17.3. Excess Workers' Compensation												
18.1 Products Liability – Occurrence	10,381	27,058	—	6,852	—	2,939	8,334	—	(3,664)	8,007	1,717	104
18.2 Products Liability – Claims-Made												
19.1. Private Passenger Auto No-Fault (Personal Injury Protection)	893,907	966,896	—	217,609	1,763,305	8,594,917	140,201,806	69,872	(212,940)	882,906	117,247	8,921
19.2. Other Private Passenger Auto Liability	509,853	550,328	—	123,195	328,782	17,445	461,100	62,053	(8,864)	249,294	76,023	5,088
19.3. Commercial Auto No-Fault (Personal Injury Protection)	1,444,240	1,472,384	—	697,129	458,000	285,823	1,619,958	57,653	(42,201)	131,239	164,454	14,412
19.4. Other Commercial Auto Liability	2,893,697	2,881,907	—	1,464,899	2,389,578	2,212,832	3,635,845	242,500	162,758	470,682	403,224	28,877
21.1. Private Passenger Auto Physical Damage	818,558	876,619	—	197,917	252,755	290,735	17,511	380	119	551	123,492	8,169
21.2. Commercial Auto Physical Damage	2,999,485	2,933,242	—	1,507,639	2,019,355	2,106,244	215,869	—	7,389	10,894	435,157	29,933
22. Aircraft (all perils)	—	—	—	—	—	—	—	—	—	—	—	—
23. Fidelity	—	—	—	—	—	—	—	—	—	—	—	—
24. Surety	—	—	—	—	—	—	—	—	—	—	—	—
26. Burglary and Theft	11,989	11,068	—	7,103	—	200	522	—	(46)	14	1,983	120
27. Boiler and Machinery	—	—	—	—	—	—	—	—	—	—	—	—
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	—	—	—	—	—	—	—	—	—	—	—	—
35. TOTAL (a)	27,672,847	28,064,440	—	12,956,129	15,949,386	24,671,019	157,974,470	762,550	454,806	4,218,836	4,099,615	276,154
Details of Write-Ins												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$163,606

(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



EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2022

NAIC Group Code: 0267

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 Unearned Premium Reserves	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										
1. Fire.....	—	—	—	—	—	—	—	—	—	—	—	—
2.1. Allied Lines.....	—	—	—	—	—	—	—	—	—	—	—	—
2.2. Multiple Peril Crop.....	—	—	—	—	—	—	—	—	—	—	—	—
2.3. Federal Flood.....	—	—	—	—	—	—	—	—	—	—	—	—
2.4. Private Crop.....	—	—	—	—	—	—	—	—	—	—	—	—
2.5. Private Flood.....	—	—	—	—	—	—	—	—	—	—	—	—
3. Farmersowners 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.....	—	—	—	—	—	—	—	—	—	—	—	—
11.1 Medical Professional Liability – Occurrence.....	—	—	—	—	—	—	—	—	—	—	—	—
11.2 Medical Professional Liability – Claims-Made.....	—	—	—	—	—	—	—	—	—	—	—	—
12. Earthquake.....	—	—	—	—	—	—	—	—	—	—	—	—
13.1 Comprehensive (hospital and medical) ind (b).....	—	—	—	—	—	—	—	—	—	—	—	—
13.2 Comprehensive (hospital and medical) group (b).....	—	—	—	—	—	—	—	—	—	—	—	—
14. Credit A&H (Group and Individual).....	—	—	—	—	—	—	—	—	—	—	—	—
15.1. Vision Only (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.2. Dental Only (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.3. Disability Income (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.4. Medicare Supplement (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.5. Medicaid Title XIX (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.6. Medicare Title XVIII (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.7. Long-Term Care (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.8. Federal Employees Health Benefits Plan (b).....	—	—	—	—	—	—	—	—	—	—	—	—
15.9. Other Health (b).....	—	—	—	—	—	—	—	—	—	—	—	—
16. Workers' Compensation.....	—	—	—	—	—	—	—	—	—	—	—	—
17.1. Other Liability–Occurrence.....	—	—	—	—	—	—	—	—	—	—	—	—
17.2. Other Liability–Claims-Made.....	—	—	—	—	—	—	—	—	—	—	—	—
17.3. Excess Workers' Compensation.....	—	—	—	—	—	—	—	—	—	—	—	—
18.1. Products Liability – Occurrence.....	—	—	—	—	—	—	—	—	—	—	—	—
18.2. Products Liability – Claims-Made.....	—	—	—	—	—	—	—	—	—	—	—	—
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.....	—	—	—	—	—	—	—	—	—	—	—	—
29. International.....	—	—	—	—	—	—	—	—	—	—	—	—
30. Warranty.....	—	—	—	—	—	—	—	—	—	—	—	—
31. Reins nonproportional assumed property.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business.....	—	—	—	—	—	—	—	—	—	—	—	—
35. TOTAL (a).....	—	—	—	—	—	—	—	—	—	—	—	—
Details of Write-Ins												
3401.....												
3402.....												
3403.....												
3498. Summary of remaining write-ins for Line 34 from overflow page.....												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....												

(a) Finance and service charges not included in Lines 1 to 35 \$12

(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

EXHIBIT OF PREMIUMS AND LOSSES

GRAND TOTAL DURING THE YEAR 2022

1 1 1 3 6 2 0 2 2 4 3 0 5 9 1 0 0

NAIC Group Code: 0267

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 Unearned Premium Reserves	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										
1. Fire	213,604	238,823	—	109,899	98,471	96,876	16,207	—	73	1,589	33,126	2,132
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2.2. Multiple Peril Crop												
2.3. Federal Flood												
2.4. Private Crop												
2.5. Private Flood												
3. Farmers Multiple Peril	224,519	232,639	—	115,340	29,840	31,584	10,757	—	(349)	2,219	37,134	2,241
4. Homeowners Multiple Peril	4,609,635	5,001,713	—	2,495,912	3,898,016	3,657,249	1,510,661	45,475	29,775	82,841	643,329	46,001
5.1. Commercial Multiple Peril (Non-Liability Portion)	7,183,049	7,080,039	—	3,525,186	2,944,491	2,629,991	2,011,437	100,966	110,007	126,660	1,188,779	71,681
5.2. Commercial Multiple Peril (Liability Portion)	3,478,577	3,522,484	—	1,500,413	1,271,225	3,827,417	6,474,167	117,938	313,443	2,096,466	573,772	34,714
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	97,346	102,847	—	51,622	54,802	57,657	13,290	1,828	2,189	573	14,717	971
10. Financial Guaranty												
11.1 Medical Professional Liability – Occurrence	—	—	—	—	—	—	—	—	—	—	—	—
11.2 Medical Professional Liability – Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
12. Earthquake	1,905	1,649	—	913	—	34	55	—	(2)	1	296	19
13.1 Comprehensive (hospital and medical) ind (b)	—	—	—	—	—	—	—	—	—	—	—	—
13.2 Comprehensive (hospital and medical) group (b)	—	—	—	—	—	—	—	—	—	—	—	—
14. Credit A&H (Group and Individual)												
15.1. Vision Only (b)												
15.2. Dental Only (b)												
15.3. Disability Income (b)												
15.4. Medicare Supplement (b)	—	—	—	—	—	—	—	—	—	—	—	—
15.5. Medicaid Title XIX (b)	—	—	—	—	—	—	—	—	—	—	—	—
15.6. Medicare Title XVIII (b)	—	—	—	—	—	—	—	—	—	—	—	—
15.7. Long-Term Care (b)	—	—	—	—	—	—	—	—	—	—	—	—
15.8. Federal Employees Health Benefits Plan (b)	—	—	—	—	—	—	—	—	—	—	—	—
15.9. Other Health (b)	—	—	—	—	—	—	—	—	—	—	—	—
16. Workers' Compensation	1,355,170	1,221,233	—	488,243	418,565	785,917	1,027,513	63,886	101,109	142,814	131,447	13,524
17.1. Other Liability–Occurrence	799,949	798,703	—	385,512	3,553	54,800	739,691	—	(3,539)	11,141	133,543	7,983
17.2. Other Liability–Claims-Made	497	495	—	351	—	(72)	154	—	(341)	148	82	5
17.3. Excess Workers' Compensation	—	—	—	—	—	—	—	—	—	—	—	—
18.1. Products Liability – Occurrence	10,381	27,058	—	6,852	—	2,939	8,334	—	(3,664)	8,007	1,717	104
18.2. Products Liability – Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
19.1. Private Passenger Auto No-Fault (Personal Injury Protection)	893,907	966,896	—	217,609	1,763,305	8,594,917	140,201,806	69,872	(212,940)	882,906	117,247	8,921
19.2. Other Private Passenger Auto Liability	509,853	550,328	—	123,195	328,782	17,445	461,100	62,053	(8,864)	249,294	76,023	5,088
19.3. Commercial Auto No-Fault (Personal Injury Protection)	1,444,240	1,472,384	—	697,129	458,000	285,823	1,619,958	57,653	(42,201)	131,239	164,454	14,412
19.4. Other Commercial Auto Liability	2,893,697	2,881,907	—	1,464,899	2,389,578	2,212,832	3,635,845	242,500	162,758	470,682	403,224	28,877
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21.2. Commercial Auto Physical Damage	2,999,485	2,933,242	—	1,507,639	2,019,355	2,106,244	215,869	—	7,389	10,894	435,157	29,933
22. Aircraft (all perils)	—	—	—	—	—	—	—	—	—	—	—	—
23. Fidelity	—	—	—	—	—	—	—	—	—	—	—	—
24. Surety	—	—	—	—	—	—	—	—	—	—	—	—
26. Burglary and Theft	11,989	11,068	—	7,103	—	200	522	—	(46)	14	1,983	120
27. Boiler and Machinery	—	—	—	—	—	—	—	—	—	—	—	—
28. Credit	—	—	—	—	—	—	—	—	—	—	—	—
29. International	—	—	—	—	—	—	—	—	—	—	—	—
30. Warranty	—	—	—	—	—	—	—	—	—	—	—	—
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business	—	—	—	—	—	—	—	—	—	—	—	—
35. TOTAL (a)	27,672,847	28,064,440	—	12,956,129	15,949,386	24,671,019	157,974,470	762,550	454,806	4,218,836	4,099,615	276,154
Details of Write-Ins												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

(a) Finance and service charges not included in Lines 1 to 35 \$163,618

(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 2022 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	10 Contingent Commissions Payable	11 Assumed Premiums Receivable	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								
Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities															
AA-9992118	00000	NATIONAL WORKERS COMP REINS POOL	NY	72		93	93				20				
1099999 - Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities				72		93	93				20				
1299999 - Total Pools and Associations				72		93	93				20				
9999999 - Totals				72		93	93				20				

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) During Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
0199999 - Total Reinsurance Ceded by Portfolio.....					
0299999 - Total Reinsurance Assumed by Portfolio.....					

NONE

Annual Statement for the Year 2022 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									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 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 Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
Total Authorized, Affiliates, U.S. Intercompany Pooling																					
31-4192970	14060	GRANGE INS CO	OH		25,657			11,242		8,044		12,469		31,755						31,755	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling					25,657			11,242		8,044		12,469		31,755						31,755	
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates					25,657			11,242		8,044		12,469		31,755						31,755	
Total Authorized, Other U.S. Unaffiliated Insurers																					
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		388	-		15		-		194		209						209	
51-0434766	20370	AXIS REINS CO	NY		18	-		-		-		-		-						-	
47-0574325	32603	BERKLEY INS CO	DE		136	-		-		-		58		58						58	
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		11	-		-		-		-		-						-	
13-2673100	22039	GENERAL REINS CORP	DE		147	-		-		-	503		61		564					564	
13-4924125	10227	MUNICH REINS AMER INC	DE		179	-		-		-	-	-	-	-	-				-		
47-0355979	20087	NATIONAL IND CO	NE		2	-		-		-	-	-	-	-	-				-		
52-1952955	10357	RENAISSANCE REINS US INC	MD		142	-		-		-	-	-	-	-	-				-		
75-1444207	30058	SCOR REINS CO	NY		29	-		-		-	-	-	-	-	-				-		
13-1675535	25364	SWISS REINS AMER CORP	NY		149	-		4		1		-	-	5					5		
42-0644327	13021	UNITED FIRE & CAS CO	IA		63	-		-		-	-	-	-	-	-				-		
13-1290712	20583	XL REINS AMER INC	NY		2	-		-		-	-	-	-	-	-				-		
22-2005057	26921	EVEREST REINS CO	DE		4	-		-		-	-	-	-	-	-				-		
13-4924125	10227	MUNICH REINS AMER INC	DE		7	-		1		-	-	-	-	1					1		
13-3138390	42307	NAVIGATORS INS CO	NY		5	-		-		-	-	-	-	-	-				-		
23-1641984	10219	QBE REINS CORP	PA		4	-		-		-	-	-	-	-	-				-		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		7	-		-		-	-	-	-	1					1		
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers					1,291	-		20	-	506		313		839						839	
Total Authorized, Pools, Mandatory Pools																					
AA-9991159	00000	MICHIGAN CATASTROPHIC CLAIMS ASSN	MI		453	5,513		138,310		-		194		144,017					144,017		
1099999 - Total Authorized, Pools, Mandatory Pools					453	5,513		138,310		-		194		144,017					144,017		
Total Authorized, Other Non-U.S. Insurers																					
AA-1127414	00000	Lloyd's Syndicate Number 1414	GBR		1	-		-		-	-	-	-	-	-				-		
AA-1120198	00000	Lloyd's Syndicate Number 1618	GBR		5	-		-		-	-	-	-	-	-				-		
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		15	-		-		-	-	-	-	-	-				-		
AA-1126033	00000	Lloyd's Syndicate Number 33	GBR		1	-		-		-	-	-	-	-	1				1		
AA-1127084	00000	Lloyd's Syndicate Number 1084	GBR		9	-		-		-	-	-	-	-	-				-		
AA-1120156	00000	Lloyd's Syndicate Number 1686	GBR		2	-		-		-	-	-	-	-	-				-		
AA-1120157	00000	Lloyd's Syndicate Number 1729	GBR		1	-		-		-	-	-	-	-	-				-		
AA-1120171	00000	Lloyd's Syndicate Number 1856	GBR		1	-		-		-	-	-	-	-	-				-		
AA-1128001	00000	Lloyd's Syndicate Number 2001	GBR		2	-		1		-	-	-	-	-	1				1		
AA-1128003	00000	Lloyd's Syndicate Number 2003	GBR		1	-		-		-	-	-	-	-	-				-		
AA-1128010	00000	Lloyd's Syndicate Number 2010	GBR		3	-		-		-	-	-	-	-	-				-		
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		2	-		-		-	-	-	-	-	-				-		
AA-1128791	00000	Lloyd's Syndicate Number 2791	GBR		2	-		-		-	-	-	-	-	-				-		
AA-1126004	00000	Lloyd's Syndicate Number 4444	GBR		4	-		-		-	-	-	-	-	-				-		
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU		5	-		-		-	-	-	-	-	-				-		
AA-1840000	00000	Mapfre Re Compania de Reaseguros SA	ESP		10	-		-		-	-	-	-	-	-				-		
AA-3190686	00000	Partner Reins Co Ltd	BMU		3	-		-		-	-	-	-	-	-				-		
AA-3190870	00000	Validus Reins Ltd	BMU		5	-		-		-	-	-	-	-	-				-		
AA-1340125	00000	Hannover Rueck SE	DEU		188	-		1		1		-	-	2					2		
1299999 - Total Authorized, Other Non-U.S. Insurers					260	-		2		2		-	-	4					4		
1499999 - Total Authorized Excluding Protected Cells					27,662	5,513		149,575	-	8,551		12,976		176,615					176,615		
Total Unauthorized, Other Non-U.S. Insurers																					
AA-3191190	00000	Hamilton Re Ltd	BMU		2	-		-		-	-	-	-	-	-				-		
AA-1460080	00000	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	CHE		38	-		-		-	-	-	-	-	-				-		
AA-5420022	00000	Samsung Fire & Marine Ins	KOR		2	-		-		-	-	-	-	-	-				-		
AA-1780116	00000	Chaucer Ins Co Designated Activity Co	IRL		1	-		-		-	-	-	-	-	-				-		

Annual Statement for the Year 2022 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								16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 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 Commissions	15 Cols. 7 through 14 Totals	17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
AA-1340028	00000	Devk Ruckversicherungs und Beteiligungs	DEU		2	—	—	—	—	—	—	—	—	—	—	—	—	—
AA-5420050	00000	KOREAN REINS CO	KOR		3	—	—	—	—	—	—	—	—	—	—	—	—	—
AA-1460019	00000	MS Amlin AG	CHE		2	—	—	—	—	—	—	—	—	—	—	—	—	—
AA-1440076	00000	SiriusPoint Intl Ins Corp (publ)	SWE		1	—	—	—	—	—	—	—	—	—	—	—	—	—
AA-5324100	00000	Taiping Reins Co Ltd	HKG		2	—	—	—	—	—	—	—	—	—	—	—	—	—
AA-3191432	00000	Vantage Risk Ltd	BMU		3	—	—	—	—	—	—	—	—	—	—	—	—	—
2699999 - Total Unauthorized, Other Non-U.S. Insurers					58	—	—	1	—	1	—	—	—	—	1	—	—	1
2899999 - Total Unauthorized Excluding Protected Cells					58	—	—	1	—	1	—	—	—	—	1	—	—	1
Total Certified, Other Non-U.S. Insurers																		
CR-3194126	00000	Arch Reins Ltd	BMU		10	—	—	—	—	1	—	—	—	—	1	—	—	1
CR-3190770	00000	Chubb Tempest Reins Ltd	BMU		1	—	—	1	—	—	—	—	—	—	1	—	—	1
CR-3191289	00000	Fidelis Ins Bermuda Ltd	BMU		4	—	—	—	—	—	—	—	—	—	—	—	—	—
CR-1120175	00000	Fidelis Underwriting Ltd	GBR		7	—	—	—	—	—	—	—	—	—	—	—	—	—
CR-3190875	00000	Hiscox Ins Co (Bermuda) Ltd	BMU		2	—	—	1	—	—	—	—	—	—	1	—	—	1
4099999 - Total Certified, Other Non-U.S. Insurers					24	—	—	2	—	1	—	—	—	—	3	—	—	3
4299999 - Total Certified Excluding Protected Cells					24	—	—	2	—	1	—	—	—	—	3	—	—	3
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					27,743	5,513	—	149,577	—	8,553	—	12,976	—	176,619	—	—	—	176,619
9999999 - Totals					27,743	5,513	—	149,577	—	8,553	—	12,976	—	176,619	—	—	—	176,619

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk										23							
		21	22	23	24				Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch.	F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28*120%)	30	31	32	33	34	35	36			
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number																				Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	
Total Authorized, Affiliates, U.S. Intercompany Pooling																										
31-4192970	GRANGE INS CO									31,755				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling										XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates										XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
Total Authorized, Other U.S. Unaffiliated Insurers																										
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO									209				209	251		251		251		251	1		4		
51-0434766	AXIS REINS CO									—				—	—		—		—		—	2		—		
47-0574325	BERKLEY INS CO									58				58	70		70		70		70	2		1		
42-0234980	EMPLOYERS MUT CAS CO									—				—	—		—		—		—	3		—		
13-2673100	GENERAL REINS CORP									564				564	677		677		677		677	1		11		
13-4924125	MUNICH REINS AMER INC									—				—	—		—		—		—	2		—		
47-0355979	NATIONAL IND CO									—				—	—		—		—		—	1		—		
52-1952955	RENAISSANCE REINS US INC									—				—	—		—		—		—	2		—		
75-1444207	SCOR REINS CO									—				—	—		—		—		—	2		—		
13-1675535	SWISS REINS AMER CORP									5				5	6		6		6		6	2		—		
42-0644327	UNITED FIRE & CAS CO									—				—	—		—		—		—	3		—		
13-1290712	XL REINS AMER INC									—				—	—		—		—		—	2		—		
22-2005057	EVEREST REINS CO									—				—	—		—		—		—	2		—		
13-4924125	MUNICH REINS AMER INC									1				1	1		1		1		1	2		—		
13-3138390	NAVIGATORS INS CO									—				—	—		—		—		—	2		—		
23-1641984	QBE REINS CORP									—				—	—		—		—		—	3		—		
13-5616275	TRANSATLANTIC REINS CO									1				1	1		1		1		1	1		—		
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers										XXX				839	—	839	1,007		1,007		1,007	XXX		17		
Total Authorized, Pools, Mandatory Pools																										
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN									144,017				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
1099999 - Total Authorized, Pools, Mandatory Pools										XXX				144,017	—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Total Authorized, Other Non-U.S. Insurers																										
AA-1127414	Lloyd's Syndicate Number 1414									—				—	—		—		—		—	3		—		
AA-1120198	Lloyd's Syndicate Number 1618									—				—	—		—		—		—	3		—		
AA-1128987	Lloyd's Syndicate Number 2987									—				—	—		—		—		—	3		—		
AA-1126033	Lloyd's Syndicate Number 33									1				1	1		1		1		1	3		—		
AA-1127084	Lloyd's Syndicate Number 1084									—				—	—		—		—		—	3		—		
AA-1120156	Lloyd's Syndicate Number 1686									—				—	—		—		—		—	3		—		
AA-1120157	Lloyd's Syndicate Number 1729									—				—	—		—		—		—	3		—		
AA-1120171	Lloyd's Syndicate Number 1856									—				—	—		—		—		—	3		—		
AA-1128001	Lloyd's Syndicate Number 2001									—				1	1		1		1		1	3		—		
AA-1128003	Lloyd's Syndicate Number 2003									—				—	—		—		—		—	3		—		
AA-1128010	Lloyd's Syndicate Number 2010									—				—	—		—		—		—	3		—		
AA-1128623	Lloyd's Syndicate Number 2623									—				—	—		—		—		—	3		—		
AA-1128791	Lloyd's Syndicate Number 2791									—				—	—		—		—		—	3		—		
AA-1126004	Lloyd's Syndicate Number 4444									—				—	—		—		—		—	3		—		
AA-3194130	Endurance Specialty Ins Ltd									—				—	—		—		—		—	3		—		
AA-1840000	Mapfre Re Compania de Reaseguros SA									—				—	—		—		—		—	3		—		
AA-3190686	Partner Reins Co Ltd									—				—	—		—		—		—	3		—		
AA-3190870	Validus Reins Ltd									—				—	—		—		—		—	2		—		
AA-1340125	Hannover Rueck SE									2				2	3		3		3		3	3		—		
1299999 - Total Authorized, Other Non-U.S. Insurers										XXX				4	—	4	5		5		5	5		XXX		

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Credit Risk)

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Collateral				25	26	27	Ceded Reinsurance Credit Risk								35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	28	29	30	31	32		
1499999 - Total Authorized Excluding Protected Cells			XXX			176,615						843	1,012			1,012		XXX	17
Total Unauthorized, Other Non-U.S. Insurers																			
AA-3191190	Hamilton Re Ltd				0001													4	
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS																	3	
AA-5420022	Samsung Fire & Marine Ins																	4	
AA-1780116	Chaucer Ins Co Designated Activity Co																	3	
AA-1340028	Devk Ruckversicherungs und Beteiligungs																	2	
AA-5420050	KOREAN REINS CO																	3	
AA-1460019	MS Amlin AG				0003													3	
AA-1440076	SiriusPoint Intl Ins Corp (publ)																	3	
AA-5324100	Taiping Reins Co Ltd																	3	
AA-3191432	Vantage Risk Ltd																	4	
2699999 - Total Unauthorized, Other Non-U.S. Insurers			XXX		1	1					1	1		1	1		XXX		
2899999 - Total Unauthorized Excluding Protected Cells			XXX		1	1					1	1		1	1		XXX		
Total Certified, Other Non-U.S. Insurers																			
CR-3194126	Arch Reins Ltd					1	1				1	1		1	1			3	
CR-3190770	Chubb Tempest Reins Ltd					1	1				1	1		1	1			1	
CR-3191289	Fidelis Ins Bermuda Ltd				0003													4	
CR-1120175	Fidelis Underwriting Ltd																	4	
CR-3190875	Hiscox Ins Co (Bermuda) Ltd					1	1				1	1		1	1			3	
4099999 - Total Certified, Other Non-U.S. Insurers			XXX		3	3					3	3		3	3	1	XXX		
4299999 - Total Certified Excluding Protected Cells			XXX		3	3					3	3		3	3	1	XXX		
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells			1	XXX	4	4	176,615				847	1,017			1,017	4	1,013	XXX	
9999999 - Totals			1	XXX	4	4	176,615				847	1,017			1,017	4	1,013	XXX	

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Aging of Ceded Reinsurance)

1	2	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	38	39	40	41	42	43										
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
Total Authorized, Affiliates, U.S. Intercompany Pooling																	YES	
31-4192970	GRANGE INS CO																	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling																	XXX	
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																	XXX	
Total Authorized, Other U.S. Unaffiliated Insurers																		
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO																YES	
51-0434766	AXIS REINS CO																YES	
47-0574325	BERKLEY INS CO																YES	
42-0234980	EMPLOYERS MUT CAS CO																YES	
13-2673100	GENERAL REINS CORP																YES	
13-4924125	MUNICH REINS AMER INC																YES	
47-0355979	NATIONAL IND CO																YES	
52-1952955	RENAISSANCE REINS US INC																YES	
75-1444207	SCOR REINS CO																YES	
13-1675535	SWISS REINS AMER CORP																YES	
42-0644327	UNITED FIRE & CAS CO																YES	
13-1290712	XL REINS AMER INC																YES	
22-2005057	EVEREST REINS CO																YES	
13-4924125	MUNICH REINS AMER INC																YES	
13-3138390	NAVIGATORS INS CO																YES	
23-1641984	QBE REINS CORP																YES	
13-5616275	TRANSATLANTIC REINS CO																YES	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																	XXX	
Total Authorized, Pools, Mandatory Pools																		
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	5,513							5,513				5,513				YES	
1099999 - Total Authorized, Pools, Mandatory Pools		5,513							5,513				5,513				XXX	
Total Authorized, Other Non-U.S. Insurers																		
AA-1127414	Lloyd's Syndicate Number 1414																YES	
AA-1120198	Lloyd's Syndicate Number 1618																YES	
AA-1128987	Lloyd's Syndicate Number 2987																YES	
AA-1126033	Lloyd's Syndicate Number 33																YES	
AA-1127084	Lloyd's Syndicate Number 1084																YES	
AA-1120156	Lloyd's Syndicate Number 1686																YES	
AA-1120157	Lloyd's Syndicate Number 1729																YES	
AA-1120171	Lloyd's Syndicate Number 1856																YES	
AA-1128001	Lloyd's Syndicate Number 2001																YES	
AA-1128003	Lloyd's Syndicate Number 2003																YES	
AA-1128010	Lloyd's Syndicate Number 2010																YES	
AA-1128623	Lloyd's Syndicate Number 2623																YES	
AA-1128791	Lloyd's Syndicate Number 2791																YES	
AA-1126004	Lloyd's Syndicate Number 4444																YES	
AA-3194130	Endurance Specialty Ins Ltd																YES	
AA-1840000	Mapfre Re Compania de Reaseguros SA																YES	
AA-3190686	Partner Reins Co Ltd																YES	
AA-3190870	Validus Reins Ltd																YES	
AA-1340125	Hannover Rueck SE																YES	
1299999 - Total Authorized, Other Non-U.S. Insurers																	XXX	
1499999 - Total Authorized Excluding Protected Cells		5,513							5,513				5,513				XXX	
Total Unauthorized, Other Non-U.S. Insurers																		

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Aging of Ceded Reinsurance)

1	2	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	38	39	40	41	42	43										
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 45)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
AA-3191190	Hamilton Re Ltd																YES	
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS																YES	
AA-5420022	Samsung Fire & Marine Ins																YES	
AA-1780116	Chaucer Ins Co Designated Activity Co																YES	
AA-1340028	Devk Ruckversicherungs und Beteiligungs																YES	
AA-5420050	KOREAN REINS CO																YES	
AA-1460019	MS Amlin AG																YES	
AA-1440076	SiriusPoint Intl Ins Corp (publ)																YES	
AA-5324100	Taiping Reins Co Ltd																YES	
AA-3191432	Vantage Risk Ltd																YES	
2699999 - Total Unauthorized, Other Non-U.S. Insurers																	XXX	
2899999 - Total Unauthorized Excluding Protected Cells																	XXX	
Total Certified, Other Non-U.S. Insurers																		
CR-3194126	Arch Reins Ltd																YES	
CR-3190770	Chubb Tempest Reins Ltd																YES	
CR-3191289	Fidelis Ins Bermuda Ltd																YES	
CR-1120175	Fidelis Underwriting Ltd																YES	
CR-3190875	Hiscox Ins Co (Bermuda) Ltd																YES	
4099999 - Total Certified, Other Non-U.S. Insurers																	XXX	
4299999 - Total Certified Excluding Protected Cells																	XXX	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells	5,513								5,513			5,513					XXX	
9999999 - Totals	5,513								5,513			5,513					XXX	

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

1	2	Provision for Certified Reinsurance															69
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 20 + Col. 21 + Col. 22 + Col. 24) / Col. 58	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 – Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)
Total Authorized, Affiliates, U.S. Intercompany Pooling																	
31-4192970	GRANGE INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling																	
0499999 – Total Authorized, Affiliates, U.S. Non-Pool, Total																	
Total Authorized, Other U.S. Unaffiliated Insurers																	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
51-0434766	AXIS REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0574325	BERKLEY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0234980	EMPLOYERS MUT CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-2673100	GENERAL REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	MUNICH REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
47-0355979	NATIONAL IND CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
52-1952955	RENAISSANCE REINS US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
75-1444207	SCOR REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
42-0644327	UNITED FIRE & CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-1290712	XL REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
22-2005057	EVEREST REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-4924125	MUNICH REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-3138390	NAVIGATORS INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
23-1641984	QBE REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
13-5616275	TRANSATLANTIC REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers																	
Total Authorized, Pools, Mandatory Pools																	
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999 – Total Authorized, Pools, Mandatory Pools																	
Total Authorized, Other Non-U.S. Insurers																	
AA-1127414	Lloyd's Syndicate Number 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120198	Lloyd's Syndicate Number 1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127084	Lloyd's Syndicate Number 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156	Lloyd's Syndicate Number 1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157	Lloyd's Syndicate Number 1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128003	Lloyd's Syndicate Number 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010	Lloyd's Syndicate Number 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126004	Lloyd's Syndicate Number 4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Specialty Ins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1840000	Mapfre Re Compania de Reaseguros SA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190686	Partner Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3190870	Validus Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340125	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Provision for Reinsurance for Certified Reinsurers)

1	2	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)		
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68		
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67			
1299999 – Total Authorized, Other Non-U.S. Insurers																			
1499999 – Total Authorized Excluding Protected Cells																			
Total Unauthorized, Other Non-U.S. Insurers																			
AA-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1460080																			
AA-5420022	Samsung Fire & Marine Ins	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1780116	Chaucer Ins Co Designated Activity Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1340028	Devk Rückversicherungs und Beteiligungs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-5420050	KOREAN REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1440076	SiriusPoint Intl Ins Corp (publ)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-5324100	Taiping Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3191432	Vantage Risk Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
2699999 – Total Unauthorized, Other Non-U.S. Insurers																			
2899999 – Total Unauthorized Excluding Protected Cells																			
Total Certified, Other Non-U.S. Insurers																			
CR-3194126	Arch Reins Ltd	3	07/01/2015	20.000		1	–	100.000	100.000		1	–	–	–	–	–	–		
CR-3190770	Chubb Tempest Reins Ltd	2	11/19/2020	10.000		1	–	100.000	100.000		1	–	–	–	–	–	–		
CR-3191289	Fidelis Ins Bermuda Ltd	4	12/07/2021	50.000		–	–	–	–		–	–	–	–	–	–	–		
CR-1120175	Fidelis Underwriting Ltd	4	01/10/2022	50.000		–	–	–	–		–	–	–	–	–	–	–		
CR-3190875	Hiscox Ins Co (Bermuda) Ltd	3	08/04/2021	20.000		1	–	100.000	100.000		1	–	–	–	–	–	–		
4099999 – Total Certified, Other Non-U.S. Insurers						3	–	XXX	XXX		3	–	–	–	–	–	–		
4299999 – Total Certified Excluding Protected Cells						3	–	XXX	XXX		3	–	–	–	–	–	–		
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells						3	–	XXX	XXX		3	–	–	–	–	–	–		
9999999 – Totals						3	–	XXX	XXX		3	–	–	–	–	–	–		

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
(Total Provision for Reinsurance)

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute [(Col. 47 * 20%) + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Total Authorized, Affiliates, U.S. Intercompany Pooling										
31-4192970	GRANGE INS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling										
Total Authorized, Other U.S. Unaffiliated Insurers										
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
51-0434766	AXIS REINS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
47-0574325	BERKLEY INS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
42-0234980	EMPLOYERS MUT CAS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
13-2673100	GENERAL REINS CORP	-	XXX	XXX	-	-	-	XXX	XXX	-
13-4924125	MUNICH REINS AMER INC	-	XXX	XXX	-	-	-	XXX	XXX	-
47-0355979	NATIONAL IND CO	-	XXX	XXX	-	-	-	XXX	XXX	-
52-1952955	RENAISSANCE REINS US INC	-	XXX	XXX	-	-	-	XXX	XXX	-
75-1444207	SCOR REINS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
13-1675535	SWISS REINS AMER CORP	-	XXX	XXX	-	-	-	XXX	XXX	-
42-0644327	UNITED FIRE & CAS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
13-1290712	XL REINS AMER INC	-	XXX	XXX	-	-	-	XXX	XXX	-
22-2005057	EVEREST REINS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
13-4924125	MUNICH REINS AMER INC	-	XXX	XXX	-	-	-	XXX	XXX	-
13-3138390	NAVIGATORS INS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
23-1641984	QBE REINS CORP	-	XXX	XXX	-	-	-	XXX	XXX	-
13-5616275	TRANSATLANTIC REINS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers										
Total Authorized, Pools, Mandatory Pools										
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	-	XXX	XXX	-	-	-	XXX	XXX	-
1099999 - Total Authorized, Pools, Mandatory Pools										
Total Authorized, Other Non-U.S. Insurers										
AA-1127414	Lloyd's Syndicate Number 1414	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1120198	Lloyd's Syndicate Number 1618	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128987	Lloyd's Syndicate Number 2987	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126033	Lloyd's Syndicate Number 33	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1127084	Lloyd's Syndicate Number 1084	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1120156	Lloyd's Syndicate Number 1686	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1120157	Lloyd's Syndicate Number 1729	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1120171	Lloyd's Syndicate Number 1856	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128001	Lloyd's Syndicate Number 2001	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128003	Lloyd's Syndicate Number 2003	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128010	Lloyd's Syndicate Number 2010	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128791	Lloyd's Syndicate Number 2791	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126004	Lloyd's Syndicate Number 4444	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-3194130	Endurance Specialty Ins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1840000	Mapfre Re Compania de Reaseguros SA	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-3190686	Partner Reins Co Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-3190870	Validus Reins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1340125	Hannover Rueck SE	-	XXX	XXX	-	-	-	XXX	XXX	-
1299999 - Total Authorized, Other Non-U.S. Insurers										

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)
 (Total Provision for Reinsurance)

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
1499999 - Total Authorized Excluding Protected Cells		-	XXX	XXX	-	-	-	XXX	XXX	-
Total Unauthorized, Other Non-U.S. Insurers										
AA-3191190	Hamilton Re Ltd.	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-5420022	Samsung Fire & Marine Ins	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1780116	Chaucer Ins Co Designated Activity Co	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1340028	Devk Ruckversicherungs und Beteiligungs	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-5420050	KOREAN REINS CO	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1460019	MS Amlin AG	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1440076	SiriusPoint Intl Ins Corp (publ)	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-5324100	Taiping Reins Co Ltd	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-3191432	Vantage Risk Ltd	-	-	-	XXX	XXX	XXX	-	XXX	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers		-	-	-	XXX	XXX	XXX	-	XXX	-
Total Certified, Other Non-U.S. Insurers										
CR-3194126	Arch Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-3190770	Chubb Tempest Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-3191289	Fidelis Ins Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-1120175	Fidelis Underwriting Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-3190875	Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
4099999 - Total Certified, Other Non-U.S. Insurers		-	-	-	-	-	-	-	-	-
4299999 - Total Certified Excluding Protected Cells		-	-	-	-	-	-	-	-	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		-	-	-	-	-	-	-	-	-
9999999 - Totals		-	-	-	-	-	-	-	-	-

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 4

Issuing or Confirming Banks for Letters of Credit from Schedule F, Part 3 (\$000 Omitted)

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
0001.....	1	073000228	Wells Fargo..... -
0003.....	1	026002574	Barclays..... -
0004.....	1	021000089	Citibank London..... -
9999999 - Totals.....				1

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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 INS CO.....		25,657
2.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....		453
3.	HARTFORD STEAM BOIL INSPEC & INS CO.....		388
4.	Hannover Rueck SE.....		188
5.	MUNICH REINS AMER INC.....		179

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, 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
6.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....	144,017	453	NO.....
7.	GRANGE INS CO.....	31,755	25,657	YES.....
8.	GENERAL REINS CORP.....	564	147	NO.....
9.	HARTFORD STEAM BOIL INSPEC & INS CO.....	209	388	NO.....
10.	BERKLEY INS CO.....	58	136	NO.....

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	44,417,724		44,417,724
2. Premiums and considerations (Line 15).....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	5,513,247	(5,513,247)	-
4. Funds held by or deposited with reinsured companies (Line 16.2).....			
5. Other assets.....	411,076		411,076
6. Net amount recoverable from reinsurers.....			
7. Protected cell assets (Line 27).....		44,859,690	44,859,690
8. Totals (Line 28).....	50,342,047	39,346,443	89,688,490
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	-	26,370,102	26,370,102
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	120,577		120,577
11. Unearned premiums (Line 9).....		12,976,342	12,976,342
12. Advance premiums (Line 10).....			
13. Dividends declared and unpaid (Line 11.1 and 11.2).....			
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12).....			
15. Funds held by company under reinsurance treaties (Line 13).....			
16. Amounts withheld or retained by company for account of others (Line 14).....			
17. Provision for reinsurance (Line 16).....			
18. Other liabilities.....	1,354,541		1,354,541
19. Total liabilities excluding protected cell business (Line 26).....	1,475,118	39,346,444	40,821,562
20. Protected cell liabilities (Line 27).....			
21. Surplus as regards policyholders (Line 37).....	48,866,929	XXX	48,866,929
22. Totals (Line 38).....	50,342,047	39,346,444	89,688,491

NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangements? YES
 If yes, give full explanation: The Company participates in a 100% pooling agreement that includes the Company and Grange Insurance Company and their collective insurance subsidiaries.

(30) Schedule H - Part 1

NONE

(30) Write-Ins for Line 11 - Deductions

NONE

(31) Schedule H - Part 2 - Reserves and Liabilities

NONE

(31) Schedule H - Part 3 - Test of Prior Year's Claim Reserves and Liabilities

NONE

(31) Schedule H - Part 4 - Reinsurance

NONE

(32) Schedule H - Part 5

NONE

(35) Schedule P - Part 1A - Columns 1 to 12

NONE

(35) Schedule P - Part 1A - Columns 13 to 25

NONE

(35) Schedule P - Part 1A - Columns 26 to 36

NONE

(36) Schedule P - Part 1B - Columns 1 to 12

NONE

(36) Schedule P - Part 1B - Columns 13 to 25

NONE

(36) Schedule P - Part 1B - Columns 26 to 36

NONE

(37) Schedule P - Part 1C - Columns 1 to 12

NONE

(37) Schedule P - Part 1C - Columns 13 to 25

NONE

(37) Schedule P - Part 1C - Columns 26 to 36

NONE

(38) Schedule P - Part 1D - Columns 1 to 12

NONE

(38) Schedule P - Part 1D - Columns 13 to 25

NONE

(38) Schedule P - Part 1D - Columns 26 to 36

NONE

(39) Schedule P - Part 1E - Columns 1 to 12

NONE

(39) Schedule P - Part 1E - Columns 13 to 25

NONE

(39) Schedule P - Part 1E - Columns 26 to 36

NONE

(40) Schedule P - Part 1F - Section 1 - Columns 1 to 12

NONE

(40) Schedule P - Part 1F - Section 1 - Columns 13 to 25

NONE

(40) Schedule P - Part 1F - Section 1 - Columns 26 to 36

NONE

(41) Schedule P - Part 1F - Section 2 - Columns 1 to 12

NONE

(41) Schedule P - Part 1F - Section 2 - Columns 13 to 25

NONE

(41) Schedule P - Part 1F - Section 2 - Columns 26 to 36

NONE

(42) Schedule P - Part 1G - Columns 1 to 12

NONE

(42) Schedule P - Part 1G - Columns 13 to 25

NONE

(42) Schedule P - Part 1G - Columns 26 to 36

NONE

(43) Schedule P - Part 1H - Section 1 - Columns 1 to 12

NONE

(43) Schedule P - Part 1H - Section 1 - Columns 13 to 25

NONE

(43) Schedule P - Part 1H - Section 1 - Columns 26 to 36

NONE

(44) Schedule P - Part 1H - Section 2 - Columns 1 to 12

NONE

(44) Schedule P - Part 1H - Section 2 - Columns 13 to 25

NONE

(44) Schedule P - Part 1H - Section 2 - Columns 26 to 36

NONE

(45) Schedule P - Part 1I - Columns 1 to 12

NONE

(45) Schedule P - Part 1I - Columns 13 to 25

NONE

(45) Schedule P - Part 1I - Columns 26 to 36

NONE

(46) Schedule P - Part 1J - Columns 1 to 12

NONE

(46) Schedule P - Part 1J - Columns 13 to 25

NONE

(46) Schedule P - Part 1J - Columns 26 to 36

NONE

(47) Schedule P - Part 1K - Columns 1 to 12

NONE

(47) Schedule P - Part 1K - Columns 13 to 25

NONE

(47) Schedule P - Part 1K - Columns 26 to 36

NONE

(48) Schedule P - Part 1L - Columns 1 to 12

NONE

(48) Schedule P - Part 1L - Columns 13 to 25

NONE

(48) Schedule P - Part 1L - Columns 26 to 36

NONE

(49) Schedule P - Part 1M - Columns 1 to 12

NONE

(49) Schedule P - Part 1M - Columns 13 to 25

NONE

(49) Schedule P - Part 1M - Columns 26 to 36

NONE

(50) Schedule P - Part 1N - Columns 1 to 12

NONE

(50) Schedule P - Part 1N - Columns 13 to 25

NONE

(50) Schedule P - Part 1N - Columns 26 to 36

NONE

(51) Schedule P - Part 10 - Columns 1 to 12

NONE

(51) Schedule P - Part 10 - Columns 13 to 25

NONE

(51) Schedule P - Part 10 - Columns 26 to 36

NONE

(52) Schedule P - Part 1P - Columns 1 to 12

NONE

(52) Schedule P - Part 1P - Columns 13 to 25

NONE

(52) Schedule P - Part 1P - Columns 26 to 36

NONE

(53) Schedule P - Part 1R - Section 1 - Columns 1 to 12

NONE

(53) Schedule P - Part 1R - Section 1 - Columns 13 to 25

NONE

(53) Schedule P - Part 1R - Section 1 - Columns 26 to 36

NONE

(54) Schedule P - Part 1R - Section 2 - Columns 1 to 12

NONE

(54) Schedule P - Part 1R - Section 2 - Columns 13 to 25

NONE

(54) Schedule P - Part 1R - Section 2 - Columns 26 to 36

NONE

(55) Schedule P - Part 1S - Columns 1 to 12

NONE

(55) Schedule P - Part 1S - Columns 13 to 25

NONE

(55) Schedule P - Part 1S - Columns 26 to 36

NONE

(56) Schedule P - Part 1T - Columns 1 to 12

NONE

(56) Schedule P - Part 1T - Columns 13 to 25

NONE

(56) Schedule P - Part 1T - Columns 26 to 36

NONE

(57) Schedule P - Part 2A - Homeowners/Farmowners

NONE

(57) Schedule P - Part 2B - Private Passenger Auto Liability/Medical

NONE

(57) Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical

NONE

(57) Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

(57) Schedule P - Part 2E - Commercial Multiple Peril

NONE

(58) Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence

NONE

(58) Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made

NONE

(58) Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)

NONE

(58) Schedule P - Part 2H - Section 1 - Other Liability - Occurrence

NONE

(58) Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made

NONE

(59) Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)

NONE

(59) Schedule P - Part 2J - Auto Physical Damage

NONE

(59) Schedule P - Part 2K - Fidelity, Surety

NONE

(59) Schedule P - Part 2L - Other (Including Credit, Accident and Health)

NONE

(59) Schedule P - Part 2M - International

NONE

(60) Schedule P - Part 2N - Reinsurance - Non Proportional Assumed Property

NONE

(60) Schedule P - Part 2O - Reinsurance - Non Proportional Assumed Liability

NONE

(60) Schedule P - Part 2P - Reinsurance - Non Proportional Assumed Financial Lines

NONE

(61) Schedule P - Part 2R - Section 1 - Products Liability - Occurrence

NONE

(61) Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made

NONE

(61) Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty

NONE

(61) Schedule P - Part 2T - Warranty

NONE

(62) Schedule P - Part 3A - Homeowners/Farmowners

NONE

(62) Schedule P - Part 3B - Private Passenger Auto Liability/Medical

NONE

(62) Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical

NONE

(62) Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

(62) Schedule P - Part 3E - Commercial Multiple Peril

NONE

(63) Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence

NONE

(63) Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made

NONE

(63) Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)

NONE

(63) Schedule P - Part 3H - Section 1 - Other Liability - Occurrence

NONE

(63) Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made

NONE

(64) Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)

NONE

(64) Schedule P - Part 3J - Auto Physical Damage

NONE

(64) Schedule P - Part 3K - Fidelity/Surety

NONE

(64) Schedule P - Part 3L - Other (Including Credit, Accident and Health)

NONE

(64) Schedule P - Part 3M - International

NONE

(65) Schedule P - Part 3N - Reinsurance - Non Proportional Assumed Property

NONE

(65) Schedule P - Part 3O - Reinsurance - Non Proportional Assumed Liability

NONE

(65) Schedule P - Part 3P - Reinsurance - Non Proportional Assumed Financial Lines

NONE

(66) Schedule P - Part 3R - Section 1 - Products Liability - Occurrence

NONE

(66) Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made

NONE

(66) Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty

NONE

(66) Schedule P - Part 3T - Warranty

NONE

(67) Schedule P - Part 4A - Homeowners/Farmowners

NONE

(67) Schedule P - Part 4B - Private Passenger Auto Liability/Medical

NONE

(67) Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical

NONE

(67) Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation)

NONE

(67) Schedule P - Part 4E - Commercial Multiple Peril

NONE

(68) Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence

NONE

(68) Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made

NONE

(68) Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery)

NONE

(68) Schedule P - Part 4H - Section 1 - Other Liability - Occurrence

NONE

(68) Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made

NONE

(69) Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft)

NONE

(69) Schedule P - Part 4J - Auto Physical Damage

NONE

(69) Schedule P - Part 4K - Fidelity/Surety

NONE

(69) Schedule P - Part 4L - Other (Including Credit, Accident and Health)

NONE

(69) Schedule P - Part 4M - International

NONE

(70) Schedule P - Part 4N - Reinsurance - Non Proportional Assumed Property

NONE

(70) Schedule P - Part 4O - Reinsurance - Non Proportional Assumed Liability

NONE

(70) Schedule P - Part 4P - Reinsurance - Non Proportional Assumed Financial Lines

NONE

(71) Schedule P - Part 4R - Section 1 - Products Liability - Occurrence

NONE

(71) Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made

NONE

(71) Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty

NONE

(71) Schedule P - Part 4T - Warranty

NONE

(72) Schedule P - Part 5A - Section 1

NONE

(72) Schedule P - Part 5A - Section 2

NONE

(72) Schedule P - Part 5A - Section 3

NONE

(73) Schedule P - Part 5B - Section 1

NONE

(73) Schedule P - Part 5B - Section 2

NONE

(73) Schedule P - Part 5B - Section 3

NONE

(74) Schedule P - Part 5C - Section 1

NONE

(74) Schedule P - Part 5C - Section 2

NONE

(74) Schedule P - Part 5C - Section 3

NONE

(75) Schedule P - Part 5D - Section 1

NONE

(75) Schedule P - Part 5D - Section 2

NONE

(75) Schedule P - Part 5D - Section 3

NONE

(76) Schedule P - Part 5E - Section 1

NONE

(76) Schedule P - Part 5E - Section 2

NONE

(76) Schedule P - Part 5E - Section 3

NONE

(77) Schedule P - Part 5F - Section 1A

NONE

(77) Schedule P - Part 5F - Section 2A

NONE

(77) Schedule P - Part 5F - Section 3A

NONE

(78) Schedule P - Part 5F - Section 1B

NONE

(78) Schedule P - Part 5F - Section 2B

NONE

(78) Schedule P - Part 5F - Section 3B

NONE

(79) Schedule P - Part 5H - Section 1A

NONE

(79) Schedule P - Part 5H - Section 2A

NONE

(79) Schedule P - Part 5H - Section 3A

NONE

(80) Schedule P - Part 5H - Section 1B

NONE

(80) Schedule P - Part 5H - Section 2B

NONE

(80) Schedule P - Part 5H - Section 3B

NONE

(81) Schedule P - Part 5R - Section 1A

NONE

(81) Schedule P - Part 5R - Section 2A

NONE

(81) Schedule P - Part 5R - Section 3A

NONE

(82) Schedule P - Part 5R - Section 1B

NONE

(82) Schedule P - Part 5R - Section 2B

NONE

(82) Schedule P - Part 5R - Section 3B

NONE

(83) Schedule P - Part 5T - Section 1

NONE

(83) Schedule P - Part 5T - Section 2

NONE

(83) Schedule P - Part 5T - Section 3

NONE

(84) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1

NONE

(84) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2

NONE

(84) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 1

NONE

(84) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 2

NONE

(85) Schedule P - Part 6E - Commercial Multiple Peril - Section 1

NONE

(85) Schedule P - Part 6E - Commercial Multiple Peril - Section 2

NONE

(85) Schedule P - Part 6H - Other Liability - Occurrence - Section 1A

NONE

(85) Schedule P - Part 6H - Other Liability - Occurrence - Section 2A

NONE

(86) Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B

NONE

(86) Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B

NONE

(86) Schedule P - Part 6M - International - Section 1

NONE

(86) Schedule P - Part 6M - International - Section 2

NONE

(87) Schedule P - Part 6N - Reinsurance Nonproportional Assumed Property - Section 1

NONE

(87) Schedule P - Part 6N - Reinsurance Nonproportional Assumed Property - Section 2

NONE

(87) Schedule P - Part 6O - Reinsurance Nonproportional Assumed Liability - Section 1

NONE

(87) Schedule P - Part 6O - Reinsurance Nonproportional Assumed Liability - Section 2

NONE

(88) Schedule P - Part 6R - Products Liability - Occurrence - Section 1A

NONE

(88) Schedule P - Part 6R - Products Liability - Occurrence - Section 2A

NONE

(88) Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B

NONE

(88) Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B

NONE

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.....					—	
2. Private Passenger Auto Liability/Medical.....					—	
3. Commercial Auto/Truck Liability/Medical.....					—	
4. Workers' Compensation.....					—	
5. Commercial Multiple Peril.....					—	
6. Medical Professional Liability—Occurrence.....					—	
7. Medical Professional Liability—Claims-made.....					—	
8. Special Liability.....					—	
9. Other Liability—Occurrence.....					—	
10. Other Liabilities—Claims-made.....					—	
11. Special Property.....					—	
12. Auto Physical Damage.....					—	
13. Fidelity/ Surety.....					—	
14. Other.....					—	
15. International.....					—	
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.....					—	
20. Products Liability—Claims-made.....					—	
21. Financial Guaranty/Mortgage Guaranty.....					—	
22. Warranty.....					—	
23. Totals.....					—	

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX	XXX	XXX						
5. 2016.....	XXX	XXX	XXX	XXX						
6. 2017.....	XXX	XXX	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022.....	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX	XXX	XXX						
5. 2016.....	XXX	XXX	XXX	XXX						
6. 2017.....	XXX	XXX	XXX	XXX						
7. 2018.....	XXX	XXX	XXX	XXX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022.....	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX								
5. 2016.....	XXX	XXX	XX							
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE**NONE**

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.....						—
2. Private Passenger Auto Liability/Medical.....						—
3. Commercial Auto/Truck Liability/Medical.....						—
4. Workers' Compensation.....						—
5. Commercial Multiple Peril.....						—
6. Medical Professional Liability—Occurrence.....						—
7. Medical Professional Liability—Claims-made.....						—
8. Special Liability.....						—
9. Other Liability—Occurrence.....						—
10. Other Liabilities—Claims-made.....						—
11. Special Property.....						—
12. Auto Physical Damage.....						—
13. Fidelity/ Surety.....						—
14. Other.....						—
15. International.....						—
16. Reinsurance-Nonproportional Assumed Property.....						—
17. Reinsurance-Nonproportional Assumed Liability.....						—
18. Reinsurance-Nonproportional Assumed Financial Lines.....						—
19. Products Liability—Occurrence.....						—
20. Products Liability—Claims-made.....						—
21. Financial Guaranty/Mortgage Guaranty.....						—
22. Warranty.....						—
23. Totals.....						—

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX	XX							
5. 2016.....	XXX	XXX	XX	XX						
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022.....	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior.....										
2. 2013.....										
3. 2014.....	XXX									
4. 2015.....	XXX	XXX	XX							
5. 2016.....	XXX	XXX	XX	XX						
6. 2017.....	XXX	XXX	XX	XX						
7. 2018.....	XXX	XXX	XX	XX	XXX					
8. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior										
2. 2013										
3. 2014	XXX									
4. 2015	XXX	XXX								
5. 2016	XXX	XXX	XXX							
6. 2017	XXX	XXX	XXX	XXX						
7. 2018	XXX	XXX	XXX	XXX	XXX					
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior										
2. 2013										
3. 2014	XXX									
4. 2015	XXX	XXX								
5. 2016	XXX	XXX	XXX							
6. 2017	XXX	XXX	XXX	XXX						
7. 2018	XXX	XXX	XXX	XXX	XXX					
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior										
2. 2013										
3. 2014	XXX									
4. 2015	XXX	XXX								
5. 2016	XXX	XXX	XXX							
6. 2017	XXX	XXX	XXX	XXX						
7. 2018	XXX	XXX	XXX	XXX	XXX					
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	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 2013	2 2014	3 2015	4 2016	5 2017	6 2018	7 2019	8 2020	9 2021	10 2022
1. Prior										
2. 2013										
3. 2014	XXX									
4. 2015	XXX	XXX								
5. 2016	XXX	XXX	XXX							
6. 2017	XXX	XXX	XXX	XXX						
7. 2018	XXX	XXX	XXX	XXX	XXX					
8. 2019	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2020	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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? 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:..... **NO**

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 No. 65?

1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?

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?

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	2
Years in Which Premiums Were Earned and Losses Were Incurred	Section 1: Occurrence	
1.601. Prior.....		
1.602. 2013.....		
1.603. 2014.....		
1.604. 2015.....		
1.605. 2016.....		
1.606. 2017.....		
1.607. 2018.....		
1.608. 2019.....		
1.609. 2020.....		
1.610. 2021.....		
1.611. 2022.....		
1.612. Totals.....		

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**

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**

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?..... **NO**

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 thousands of dollars) in force at the end of the year for:
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**

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 parent companies, Grange Insurance Company and Integrity Insurance Company, with their respective stock subsidiary companies receiving 0% from the pool. Grange Insurance Company remains the lead company.

SCHEDULE T – PART 2
 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN
 Allocated By States And Territories

States, Etc.	Life (Group and Individual)	Direct Business Only				
		1	2	3	4	5
Annuites (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals		
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR					
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL					
11. Georgia	GA					
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM					
33. New York	NY					
34. North Carolina	NC					
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA					
40. Rhode Island	RI					
41. South Carolina	SC					
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT					
47. Virginia	VA					
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. US Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CAN					
58. Aggregate Other Alien	OT					
59. Totals						

NONE

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership, Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Yes/No)	*
0267	GRANGE INSURANCE POOL	14060	31-4192970			GRANGE INSURANCE COMPANY	OH	UDP	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
0267	GRANGE INSURANCE POOL	10322	31-1432675			GRANGE INDEMNITY INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
0267	GRANGE INSURANCE POOL	40118	41-1405571			TRUSTGARD INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
0267	GRANGE INSURANCE POOL	11136	31-1769414			GRANGE INSURANCE COMPANY OF MICHIGAN	OH	RE	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
0267	GRANGE INSURANCE POOL	11982	42-1610213			GRANGE PROPERTY & CASUALTY INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
0267	GRANGE INSURANCE POOL	14303	39-0367560			INTEGRITY INSURANCE COMPANY	OH	IA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
0267	GRANGE INSURANCE POOL	10288	81-3455935			INTEGRITY SELECT INSURANCE COMPANY	OH	IA	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
0267	GRANGE INSURANCE POOL	12986	41-2236417			INTEGRITY PROPERTY & CASUALTY INSURANCE COMPANY	OH	IA	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
			31-1145043			GRANGEAMERICA	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
			31-1193707			NORTHVIEW INSURANCE AGENCY	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
			83-2982350			GRANGE MUTUAL HOLDING COMPANY	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	Board of Directors		GRANGE MUTUAL HOLDING COMPANY	NO		
			83-2949300			GRANGE HOLDINGS, INC.	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		

Asterisk

Explanation

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
14060	31-4192970	GRANGE INSURANCE COMPANY GRANGE INDEMNITY INSURANCE COMPANY		(78,000,000)			59,690,396		*		(18,309,604)	(933,684,483)
10322	31-1432675	TRUSTGARD INSURANCE COMPANY							*			320,088,496
40118	41-1405571	GRANGE INSURANCE COMPANY OF MICHIGAN							*			197,382,070
11136	31-1769414	GRANGE PROPERTY & CASUALTY INSURANCE CO.							*			31,754,876
11982	42-1610213	INTEGRITY INSURANCE COMPANY							*			128,470,159
14303	39-0367560	INTEGRITY PROPERTY & CASUALTY INS. CO.					(56,194,311)		*		(56,194,311)	142,741,395
12986	41-2236417	INTEGRITY SELECT INSURANCE COMPANY							*			79,797,088
10288	81-3455935	GRANGEAMERICA							*			33,450,399
00000	31-1145043						249,612				249,612	
00000	31-1193707	NORTHVIEW INSURANCE AGENCY					109,408				109,408	
00000	83-2982350	GRANGE MUTUAL HOLDING COMPANY										
00000	83-2949300	GRANGE HOLDINGS, INC.	78,000,000				(3,855,105)				74,144,895	
9999999 - Control Totals			—				—		XXX		—	—

Annual Statement for the Year 2022 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6) (Yes/No)	8 Granted Disclaimer of Control / Affiliation of Column 5 Over Column 6 (Yes/No)
GRANGE INSURANCE COMPANY	GRANGE HOLDINGS, INC.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....
GRANGE INDEMNITY INSURANCE COMPANY.....	GRANGE INSURANCE COMPANY.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....
TRUSTGARD INSURANCE COMPANY.....	GRANGE INSURANCE COMPANY.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....
GRANGE INSURANCE COMPANY OF MICHIGAN.....	GRANGE INSURANCE COMPANY.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....
GRANGE PROPERTY & CASUALTY INSURANCE COMPANY.....	GRANGE INSURANCE COMPANY.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....
INTEGRITY INSURANCE COMPANY.....	GRANGE HOLDINGS, INC.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....
INTEGRITY SELECT INSURANCE COMPANY.....	INTEGRITY INSURANCE COMPANY.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....
INTEGRITY PROPERTY & CASUALTY INSURANCE COMPANY.....	INTEGRITY INSURANCE COMPANY.....	100.000 %	NO.....	GRANGE MUTUAL HOLDING COMPANY.....	GRANGE INSURANCE POOL.....	100.000 %	NO.....

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.

REQUIRED FILINGS

Response

March Filing

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

April Filing

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

May Filing

8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1? YES
 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

SUPPLEMENTAL FILINGS

Response

March Filing

11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO
 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? NO
 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? NO
 14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1? NO
 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO
 16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? NO
 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? NO
 18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? NO
 19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)? YES
 20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1? YES
 21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1? YES
 22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1? NO
 23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1? YES
 24. 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
 25. 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
 26. 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
 27. 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

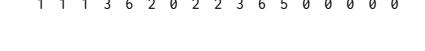
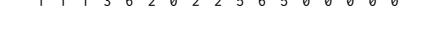
April Filing

28. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? NO
 29. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO
 30. Will the Accident and Health Policy Experience Exhibit be filed by April 1? NO
 31. 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
 32. 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
 33. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1? YES
 34. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? NO
 35. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1? NO
 36. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1? NO

August Filing

37. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	No business written.	 1 1 1 3 6 2 0 2 2 4 2 0 0 0 0 0 0
12.	No business written.	 1 1 1 3 6 2 0 2 2 2 4 0 0 0 0 0 0
13.	No business written.	 1 1 1 3 6 2 0 2 2 3 6 0 0 0 0 0 0
14.	No business written.	 1 1 1 3 6 2 0 2 2 4 5 5 0 0 0 0 0
15.	No business written.	 1 1 1 3 6 2 0 2 2 4 9 0 0 0 0 0 0
16.	No business written.	 1 1 1 3 6 2 0 2 2 3 8 5 0 0 0 0 0
17.	No business written.	 1 1 1 3 6 2 0 2 2 4 0 1 0 0 0 0 0
18.	No business written.	 1 1 1 3 6 2 0 2 2 3 6 5 0 0 0 0 0
19.		
20.		
21.		
22.	No business written.	 1 1 1 3 6 2 0 2 2 5 0 0 0 0 0 0 0
23.		
24.	No business written.	 1 1 1 3 6 2 0 2 2 2 4 0 0 0 0 0 0
25.	No business written.	 1 1 1 3 6 2 0 2 2 2 5 0 0 0 0 0 0
26.	No business written.	 1 1 1 3 6 2 0 2 2 2 2 6 0 0 0 0 0
27.	No business written.	 1 1 1 3 6 2 0 2 2 5 5 0 0 0 0 0 0
28.	No business written.	 1 1 1 3 6 2 0 2 2 2 3 0 0 0 0 0 0
29.	No business written.	 1 1 1 3 6 2 0 2 2 3 0 6 0 0 0 0 0
30.	No business written.	 1 1 1 3 6 2 0 2 2 2 1 0 0 0 0 0 0
31.	No business written.	 1 1 1 3 6 2 0 2 2 2 1 6 0 0 0 0 0
32.	No business written.	 1 1 1 3 6 2 0 2 2 2 1 7 0 0 0 0 0
33.		
34.	No business written.	 1 1 1 3 6 2 0 2 2 2 9 0 0 0 0 0 0
35.	No business written.	 1 1 1 3 6 2 0 2 2 5 6 0 0 0 0 0 0
36.	No business written.	 1 1 1 3 6 2 0 2 2 5 6 5 0 0 0 0 0
37		

OVERFLOW PAGE FOR WRITE-INS**UNDERWRITING AND INVESTMENT EXHIBIT – PART 3 – EXPENSES**

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Deferred Compensation.....			532	532
2405. Investment Banking Fees.....			46,275	46,275
2497. Summary of remaining write-ins for Line 24 from overflow page.....			46,806	46,806

OVERFLOW PAGE FOR WRITE-INS

**DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

For The Year Ended December 31, 2022
(To Be Filed by March 1)

NAIC Group Code: 0267

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
\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	%.....	%.....

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?..... NO.....

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?..... NO.....

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
\$.....	\$.....	\$.....	\$.....	%.....	%.....