



## PROPERTY AND CASUALTY COMPANIES – ASSOCIATION EDITION

**ANNUAL STATEMENT**  
**FOR THE YEAR ENDED DECEMBER 31, 2022**  
**OF THE CONDITION AND AFFAIRS OF THE**  
**INTEGRITY PROPERTY AND CASUALTY INSURANCE COMPANY**

NAIC Group Code.....0267.....0267..... NAIC Company Code.....12986..... Employer's ID Number.....41-2236417.....  
 (Current) (Prior)  
 Organized under the Laws of.....OH..... State of Domicile or Port of Entry.....OH.....  
 Country of Domicile.....US.....  
 Incorporated/Organized.....04/18/2007..... Commenced Business.....11/01/2007.....  
 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.integrityinsurance.com.....  
 Statutory Statement Contact.....Jeffrey P. Siefker..... 614-445-2900.....  
 (Telephone)  
 siefkerj@grangeinsurance.com..... 614-542-3017.....  
 (E-Mail) (Fax)

## OFFICERS

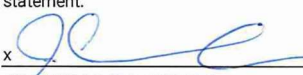


.....JOHN (NMN) AMMENDOLA#, PRESIDENT & CEO..... TERESA JEAN BROWN#, EVP & CFO.....  
 .....LAWAWN DEE COLEMAN, EVP & SECRETARY.....

## DIRECTORS OR TRUSTEES

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

State of OH.....  
 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  x  x   
 JOHN (NMN) AMMENDOLA LAVAWN DEE COLEMAN TERESA JEAN BROWN  
 PRESIDENT & CEO EVP & SECRETARY 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 BURCKWELL  
 Notary Public  
 State of Ohio  
 My Comm. Expires  
 April 28, 2027



EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2022

NAIC Group Code: 0267

NAIC Company Code: 12986

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	5,625	5,139	—	3,647	—	722	974	—	53	61	996	5
2.1.	Allied Lines	11,626	10,697	—	8,285	—	1,605	2,027	—	114	126	2,058	9
2.2.	Multiple Peril Crop												
2.3.	Federal Flood												
2.4.	Private Crop												
2.5.	Private Flood												
3.	Farmowners Multiple Peril	—	—	—	—	—	—	—	—	—	—	—	—
4.	Homeowners Multiple Peril	808,094	850,578	—	419,346	575,361	747,986	443,481	5,891	2,278	5,833	110,187	657
5.1.	Commercial Multiple Peril (Non-Liability Portion)	444,881	452,870	—	180,956	1,024,321	45,579	75,663	24,296	20,905	10,197	78,078	361
5.2.	Commercial Multiple Peril (Liability Portion)	365,022	367,095	—	101,732	14,788	46,041	189,595	—	56,102	189,017	64,477	297
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	16,110	15,382	—	8,428	11,375	11,799	172	—	211	327	2,434	13
10.	Financial Guaranty												
11.1	Medical Professional Liability — Occurrence	—	—	—	—	—	—	—	—	—	—	—	—
11.2	Medical Professional Liability — Claims-Made												
12.	Earthquake	(14)	354	—	179	—	—	—	—	—	—	—	—
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	26,306	28,276	—	17,531	—	3,373	7,911	—	2,517	6,528	4,482	21
17.2.	Other Liability—Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
17.3.	Excess Workers' Compensation												
18.1	Products Liability — Occurrence	13,101	24,376	—	—	—	833	10,778	—	(1,360)	10,027	2,319	11
18.2	Products Liability — Claims-Made												
19.1.	Private Passenger Auto No-Fault (Personal Injury Protection)	—	—	—	—	—	—	—	—	—	—	—	—
19.2.	Other Private Passenger Auto Liability	1,477,751	1,378,826	—	557,510	592,495	757,029	693,809	5,521	(32,180)	57,203	190,660	1,202
19.3.	Commercial Auto No-Fault (Personal Injury Protection)	—	—	—	—	—	—	—	—	—	—	—	—
19.4.	Other Commercial Auto Liability	1,710,611	1,590,981	—	876,001	674,254	1,513,079	2,081,044	60,005	53,731	146,418	240,373	1,392
21.1.	Private Passenger Auto Physical Damage	2,093,119	1,905,927	—	820,726	1,738,953	1,805,559	119,207	360	(1,177)	1,335	269,487	1,703
21.2.	Commercial Auto Physical Damage	655,371	638,619	—	288,819	430,276	453,038	44,942	—	1,625	2,856	102,877	533
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)	7,627,603	7,269,120	—	3,283,161	5,061,823	5,386,642	3,669,601	96,072	102,819	429,926	1,068,426	6,205
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 \$59,452  
(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 MINNESOTA DURING THE YEAR 2022

NAIC Group Code: 0267

NAIC Company Code: 12986

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	12,953	5,252	—	7,701	—	783	793	—	49	49	2,327	(167)
2.1.	Allied Lines	18,031	7,311	—	10,720	—	1,087	1,104	—	68	69	3,239	—
2.2.	Multiple Peril Crop												
2.3.	Federal Flood												
2.4.	Private Crop												
2.5.	Private Flood												
3.	Farmowners Multiple Peril	—	—	—	—	—	—	—	—	—	—	—	—
4.	Homeowners Multiple Peril	2,063,020	2,232,135	—	1,107,346	3,454,189	3,814,448	1,065,829	25,915	23,023	16,963	298,005	(12,258)
5.1.	Commercial Multiple Peril (Non-Liability Portion)	712,139	572,017	—	413,331	877,791	1,442,775	625,243	13,223	9,465	12,132	129,646	(3,865)
5.2.	Commercial Multiple Peril (Liability Portion)	164,223	165,334	—	74,412	69,547	450,046	700,419	25,179	41,645	82,857	29,233	—
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	52,411	54,427	—	27,603	3,739	4,479	1,172	1,050	1,862	1,178	8,004	—
10.	Financial Guaranty												
11.1	Medical Professional Liability — Occurrence	—	—	—	—	—	—	—	—	—	—	—	—
11.2	Medical Professional Liability — Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
12.	Earthquake	153	147	—	110	—	—	—	—	—	—	23	—
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	40,193	44,204	—	27,173	14,373	10,546	3,699	13,955	9,952	(43)	6,296	—
17.2.	Other Liability—Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
17.3.	Excess Workers' Compensation												
18.1	Products Liability — Occurrence	2,183	651	—	2,057	—	78	571	—	(33)	531	392	—
18.2	Products Liability — Claims-Made												
19.1.	Private Passenger Auto No-Fault (Personal Injury Protection)	1,197,692	1,095,185	—	484,408	516,359	490,910	319,846	10,373	16,597	51,746	157,673	68
19.2.	Other Private Passenger Auto Liability	2,795,578	2,386,019	—	1,201,498	2,039,651	2,098,861	3,846,887	169,770	187,297	772,094	368,267	(7,880)
19.3.	Commercial Auto No-Fault (Personal Injury Protection)	97,661	137,677	—	72,661	74,593	(123,386)	(4,612)	11,767	(34,543)	22,492	17,641	85
19.4.	Other Commercial Auto Liability	887,490	1,339,913	—	712,063	659,496	(309,012)	2,258,727	74,207	(214,835)	197,416	183,394	768
21.1.	Private Passenger Auto Physical Damage	4,037,663	3,477,513	—	1,733,604	2,786,880	3,026,492	326,803	1,174	(1,641)	1,426	533,747	96
21.2.	Commercial Auto Physical Damage	455,158	525,857	—	237,987	641,508	638,726	58,294	—	188	1,617	72,670	77
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)	12,536,548	12,043,641	—	6,112,674	11,138,127	11,546,834	9,204,775	346,615	39,094	1,160,526	1,810,558	(23,076)
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 \$110,018  
(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 MISSOURI DURING THE YEAR 2022

NAIC Group Code: 0267

NAIC Company Code: 12986

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. Farmowners 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 \$  
(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: 12986

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. Farmowners 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 \$  
(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 WISCONSIN DURING THE YEAR 2022

NAIC Group Code: 0267

NAIC Company Code: 12986

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....	18,830	18,337	—	4,626	—	1,212	3,472	—	151	216	3,370	22
2.1.	Allied Lines .....	34,272	33,302	—	8,426	—	2,226	6,300	—	274	392	6,133	41
2.2.	Multiple Peril Crop .....												
2.3.	Federal Flood .....												
2.4.	Private Crop .....												
2.5.	Private Flood .....												
3.	Farmowners Multiple Peril .....	—	—	—	—	—	—	—	—	—	—	—	—
4.	Homeowners Multiple Peril .....	4,107,055	4,311,750	—	2,099,202	5,803,978	7,446,770	3,160,830	58,690	59,344	40,762	579,433	4,871
5.1.	Commercial Multiple Peril (Non-Liability Portion) .....	588,271	333,422	—	359,490	12,613	26,704	42,170	—	(39)	6,690	105,268	698
5.2.	Commercial Multiple Peril (Liability Portion) .....	127,037	94,072	—	57,834	2,214	19,616	55,618	—	8,724	42,492	22,538	151
6.	Mortgage Guaranty .....												
8.	Ocean Marine .....												
9.	Inland Marine .....	192,227	202,223	—	88,324	72,515	71,382	3,723	4,517	7,511	4,376	29,194	228
10.	Financial Guaranty .....												
11.1	Medical Professional Liability — Occurrence .....	—	—	—	—	—	—	—	—	—	—	—	—
11.2	Medical Professional Liability — Claims-Made .....	—	—	—	—	—	—	—	—	—	—	—	—
12.	Earthquake .....	263	316	—	39	—	—	—	—	—	—	41	—
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 .....	139,826	157,945	—	66,835	—	147,794	164,560	—	6	466	21,723	166
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 .....	22,642,325	21,734,561	—	9,345,513	15,745,835	18,304,388	24,432,910	406,008	(1,095,697)	2,421,425	2,981,658	26,856
19.3.	Commercial Auto No-Fault (Personal Injury Protection) .....	—	—	—	—	—	—	—	—	—	—	—	—
19.4.	Other Commercial Auto Liability .....	2,900,305	2,790,250	—	1,200,612	680,269	35,305	2,415,602	71,556	(22,648)	350,116	381,264	3,440
21.1.	Private Passenger Auto Physical Damage .....	30,292,792	29,693,834	—	12,463,647	25,273,988	25,818,648	1,677,991	16,632	7,555	12,796	3,974,738	35,930
21.2.	Commercial Auto Physical Damage .....	1,035,477	968,505	—	458,342	498,120	602,700	132,932	14,014	15,772	3,152	136,409	1,228
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) .....	62,078,681	60,338,517	—	26,152,889	48,089,533	52,476,748	32,096,107	571,417	(1,019,049)	2,882,882	8,241,769	73,630
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 \$720,585  
(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

NAIC Group Code: 0267

NAIC Company Code: 12986

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire	37,408	28,728	—	15,974	—	2,717	5,239	—	253	326	6,692	(141)
2.1.	Allied Lines	63,929	51,310	—	27,431	—	4,918	9,432	—	456	586	11,430	50
2.2.	Multiple Peril Crop												
2.3.	Federal Flood												
2.4.	Private Crop												
2.5.	Private Flood												
3.	Farmowners Multiple Peril	—	—	—	—	—	—	—	—	—	—	—	—
4.	Homeowners Multiple Peril	6,978,170	7,394,463	—	3,625,894	9,833,527	12,009,204	4,670,140	90,496	84,644	63,557	987,625	(6,730)
5.1.	Commercial Multiple Peril (Non-Liability Portion)	1,745,290	1,358,309	—	953,777	1,914,725	1,515,058	743,077	37,519	30,330	29,019	312,992	(2,807)
5.2.	Commercial Multiple Peril (Liability Portion)	656,281	626,501	—	233,977	86,549	515,703	945,632	25,179	106,471	314,367	116,248	448
6.	Mortgage Guaranty												
8.	Ocean Marine												
9.	Inland Marine	260,748	272,032	—	124,355	87,630	87,660	5,067	5,568	9,585	5,881	39,633	241
10.	Financial Guaranty												
11.1	Medical Professional Liability — Occurrence	—	—	—	—	—	—	—	—	—	—	—	—
11.2	Medical Professional Liability — Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
12.	Earthquake	403	817	—	329	—	—	—	—	—	—	64	—
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	206,326	230,426	—	111,539	14,373	161,713	176,169	13,955	12,475	6,951	32,502	187
17.2.	Other Liability—Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
17.3.	Excess Workers' Compensation												
18.1	Products Liability — Occurrence	15,284	25,026	—	2,057	—	911	11,349	—	(1,393)	10,558	2,711	11
18.2	Products Liability — Claims-Made	—	—	—	—	—	—	—	—	—	—	—	—
19.1.	Private Passenger Auto No-Fault (Personal Injury Protection)	1,197,692	1,095,185	—	484,408	516,359	490,910	319,846	10,373	16,597	51,746	157,673	68
19.2.	Other Private Passenger Auto Liability	26,915,654	25,499,406	—	11,104,520	18,377,981	21,160,279	28,973,606	581,300	(940,579)	3,250,722	3,540,585	20,178
19.3.	Commercial Auto No-Fault (Personal Injury Protection)	97,661	137,677	—	72,661	74,593	(123,386)	(4,612)	11,767	(34,543)	22,492	17,641	85
19.4.	Other Commercial Auto Liability	5,498,406	5,721,144	—	2,788,676	2,014,020	1,239,371	6,755,372	205,768	(183,752)	693,949	805,030	5,600
21.1.	Private Passenger Auto Physical Damage	36,423,575	35,077,274	—	15,017,976	29,799,821	30,650,700	2,124,000	18,166	4,736	15,557	4,777,972	37,729
21.2.	Commercial Auto Physical Damage	2,146,006	2,132,982	—	985,148	1,569,904	1,694,464	236,168	14,014	17,585	7,624	311,956	1,838
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)	82,242,833	79,651,279	—	35,548,724	64,289,482	69,410,223	44,970,483	1,014,105	(877,136)	4,473,335	11,120,753	56,758
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 \$890,055  
(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

(20) Schedule F - Part 1

**NONE**

(21) Schedule F - Part 2

**NONE**



SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	Funds Held by Company Under Reinsurance Treaties
Total Authorized, Affiliates, U.S. Intercompany Pooling																			
31-4192970	14060	GRANGE INS CO	OH		81,483			25,322		18,975		35,500		79,797				79,797	
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling					81,483			25,322		18,975		35,500		79,797				79,797	
0899999 – Total Authorized, Affiliates, Total Authorized - Affiliates					81,483			25,322		18,975		35,500		79,797				79,797	
Total Authorized, Other U.S. Unaffiliated Insurers																			
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		93	–		20		–		42		62				62	
51-0434766	20370	AXIS REINS CO	NY		21	–		2		22		–		24				24	
47-0574325	32603	BERKLEY INS CO	DE		16	–		–		–		3		3				3	
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		9	–		1		9		–		10				10	
13-2673100	22039	GENERAL REINS CORP	DE		3	–		–	–	–		3		3				3	
13-4924125	10227	MUNICH REINS AMER INC	DE		37	–		–		–		–		–				–	
52-1952955	10357	RENAISSANCE REINS US INC	MD		22	–		–		–		–		–				–	
13-1675535	25364	SWISS REINS AMER CORP	NY		124	–		31		57		–		88				88	
42-0644327	13021	UNITED FIRE & CAS CO	IA		15	–		–		–		–		–				–	
22-2005057	26921	EVEREST REINS CO	DE		12	–		3		9		–		12				12	
13-4924125	10227	MUNICH REINS AMER INC	DE		21	–		10		38		–		48				48	
13-3138390	42307	NAVIGATORS INS CO	NY		14	–		4		34		–		39				39	
23-1641984	10219	QBE REINS CORP	PA		15	–		–		–		–		–				–	
13-5616275	19453	TRANSATLANTIC REINS CO	NY		21	–		4		43		–		47				47	
13-2673100	22039	GENERAL REINS CORP	DE		–	–		1		–		–		1				1	
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers					423	–		76	–	213		49		338				338	
Total Authorized, Other Non-U.S. Insurers																			
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		8	–		–		13		–		14				14	
AA-1126033	00000	Lloyd's Syndicate Number 33	GBR		3	–		5		15		–		21				21	
AA-1126435	00000	Lloyd's Syndicate Number 435	GBR		1	–		2		2		–		4				4	
AA-1126623	00000	Lloyd's Syndicate Number 623	GBR		1	–		–		–		–		–				–	
AA-1127084	00000	Lloyd's Syndicate Number 1084	GBR		30	–		2		3		–		5				5	
AA-1120156	00000	Lloyd's Syndicate Number 1686	GBR		7	–		–		–		–		–				–	
AA-1120157	00000	Lloyd's Syndicate Number 1729	GBR		2	–		–		–		–		–				–	
AA-1120171	00000	Lloyd's Syndicate Number 1856	GBR		4	–		–		5		–		5				5	
AA-1128001	00000	Lloyd's Syndicate Number 2001	GBR		5	–		3		3		–		6				6	
AA-1128003	00000	Lloyd's Syndicate Number 2003	GBR		4	–		3		6		–		9				9	
AA-1128010	00000	Lloyd's Syndicate Number 2010	GBR		10	–		–		–		–		–				–	
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		1	–		–		–		–		–				–	
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		3	–		1		–		–		1				1	
AA-1128791	00000	Lloyd's Syndicate Number 2791	GBR		5	–		–		–		–		–				–	
AA-1126004	00000	Lloyd's Syndicate Number 4444	GBR		16	–		–		–		–		–				–	
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU		15	–		1		27		–		28				28	
AA-1840000	00000	Mapfre Re Compania de Reaseguros SA	ESP		30	–		1		9		–		10				10	
AA-3190686	00000	Partner Reins Co Ltd	BMU		8	–		1		–		–		1				1	
AA-3190870	00000	Validus Reins Ltd	BMU		15	–		–		–		–		–				–	
AA-1340125	00000	Hannover Rueck SE	DEU		48	–		15		15		–		29				29	
1299999 – Total Authorized, Other Non-U.S. Insurers					215	–		34		99		–		133				133	
1499999 – Total Authorized Excluding Protected Cells					82,121	–		25,432	–	19,287		35,549		80,268				80,268	
Total Unauthorized, Other Non-U.S. Insurers																			
AA-3191190	00000	Hamilton Re Ltd	BMU		3	–		1		–		–		1				1	
AA-1460080	00000	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	CHE		6	–		–		–		–		–				–	
AA-1780116	00000	Chaucer Ins Co Designated Activity Co	IRL		5	–		–		–		–		–				–	
AA-9240012	00000	China Prop & Cas Reins Co Ltd	CHN		–	–		1		–		–		1				1	
AA-1340028	00000	Devk Ruckversicherungs und Beteiligungs	DEU		5	–		–		41		–		41				41	
AA-5420050	00000	KOREAN REINS CO	KOR		9	–		1		9		–		10				10	
AA-1460019	00000	MS Amlin AG	CHE		6	–		2		3		–		5				5	
AA-1440076	00000	SiriusPoint Intl Ins Corp (publ)	SWE		3	–		1		5		–		6				6	

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	Funds Held by Company Under Reinsurance Treaties
AA-5324100 .....	00000	Taiping Reins Co Ltd .....	HKG		7	-		1		8		-		9				9	
AA-3191432 .....	00000	Vantage Risk Ltd .....	BMU		10	-		-		-		-		-				-	
2699999 - Total Unauthorized, Other Non-U.S. Insurers .....					53	-		8		66		-		73				73	
2899999 - Total Unauthorized Excluding Protected Cells .....					53	-		8		66		-		73				73	
Total Certified, Other Non-U.S. Insurers .....																			
CR-3194126 .....	00000	Arch Reins Ltd .....	BMU		31	-		11		99		-		110				110	
CR-3190770 .....	00000	Chubb Tempest Reins Ltd .....	BMU		1	-		6		3		-		9				9	
CR-3191289 .....	00000	Fidelis Ins Bermuda Ltd .....	BMU		13	-		1		9		-		10				10	
CR-1120175 .....	00000	Fidelis Underwriting Ltd .....	GBR		20	-		2		18		-		20				20	
CR-3190875 .....	00000	Hiscox Ins Co (Bermuda) Ltd .....	BMU		4	-		6		18		-		24				24	
CR-3191315 .....	00000	XL Bermuda Ltd .....	BMU		-	-		4		-		-		4				4	
4099999 - Total Certified, Other Non-U.S. Insurers .....					68	-		30		146		-		177				177	
4299999 - Total Certified Excluding Protected Cells .....					68	-		30		146		-		177				177	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells .....					82,242	-		25,470	-	19,499		35,549		80,518				80,518	
9999999 - Totals .....					82,242	-		25,470	-	19,499		35,549		80,518				80,518	

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								
		21	22	23	24				28	29	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	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)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 – 32)	Reinsurer Designation Equivalent	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						79,797	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling				XXX			79,797	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 – Total Authorized, Affiliates, Total Authorized - Affiliates				XXX			79,797	–							XXX		
Total Authorized, Other U.S. Unaffiliated Insurers																	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO						62	–	62	74		74		74	1		1
51-0434766	AXIS REINS CO						24	–	24	29		29		29	2		1
47-0574325	BERKLEY INS CO						3	–	3	4		4		4	2		–
42-0234980	EMPLOYERS MUT CAS CO						10	–	10	12		12		12	3		–
13-2673100	GENERAL REINS CORP						3	–	3	4		4		4	1		–
13-4924125	MUNICH REINS AMER INC					–	–	–	–	–		–		–	2		–
52-1952955	RENAISSANCE REINS US INC					–	–	–	–	–		–		–	2		–
13-1675535	SWISS REINS AMER CORP						88	–	88	106		106		106	2		2
42-0644327	UNITED FIRE & CAS CO					–	–	–	–	–		–		–	3		–
22-2005057	EVEREST REINS CO						12	–	12	15		15		15	2		–
13-4924125	MUNICH REINS AMER INC						48	–	48	57		57		57	2		1
13-3138390	NAVIGATORS INS CO						39	–	39	46		46		46	2		1
23-1641984	QBE REINS CORP					–	–	–	–	–		–		–	3		–
13-5616275	TRANSATLANTIC REINS CO						47	–	47	57		57		57	1		1
13-2673100	GENERAL REINS CORP						1	–	1	1		1		1	1		–
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers				XXX		–	338	–	338	405		405		405	XXX		8
Total Authorized, Other Non-U.S. Insurers																	
AA-1128987	Lloyd's Syndicate Number 2987						14	–	14	17		17		17	3		–
AA-1126033	Lloyd's Syndicate Number 33						21	–	21	25		25		25	3		1
AA-1126435	Lloyd's Syndicate Number 435						4	–	4	5		5		5	3		–
AA-1126623	Lloyd's Syndicate Number 623						–	–	–	–		–		–	3		–
AA-1127084	Lloyd's Syndicate Number 1084						5	–	5	5		5		5	3		–
AA-1120156	Lloyd's Syndicate Number 1686					–	–	–	–	–		–		–	3		–
AA-1120157	Lloyd's Syndicate Number 1729					–	–	–	–	–		–		–	3		–
AA-1120171	Lloyd's Syndicate Number 1856						5	–	5	6		6		6	3		–
AA-1128001	Lloyd's Syndicate Number 2001						6	–	6	7		7		7	3		–
AA-1128003	Lloyd's Syndicate Number 2003						9	–	9	11		11		11	3		–
AA-1128010	Lloyd's Syndicate Number 2010					–	–	–	–	–		–		–	3		–
AA-1128623	Lloyd's Syndicate Number 2623					–	–	–	–	–		–		–	3		–
AA-1128623	Lloyd's Syndicate Number 2623						1	–	1	1		1		1	3		–
AA-1128791	Lloyd's Syndicate Number 2791					–	–	–	–	–		–		–	3		–
AA-1126004	Lloyd's Syndicate Number 4444						–	–	–	–		–		–	3		–
AA-3194130	Endurance Specialty Ins Ltd						28	–	28	33		33		33	3		1
AA-1840000	Mapfre Re Compania de Reaseguros SA						10	–	10	12		12		12	3		–
AA-3190686	Partner Reins Co Ltd						1	–	1	1		1		1	3		–
AA-3190870	Validus Reins Ltd						–	–	–	–		–		–	2		–
AA-1340125	Hannover Rueck SE						29	–	29	35		35		35	3		1
1299999 – Total Authorized, Other Non-U.S. Insurers				XXX		–	133	–	133	160		160		160	XXX		4
1499999 – Total Authorized Excluding Protected Cells				XXX		–	80,268	–	471	565		565		565	XXX		12
Total Unauthorized, Other Non-U.S. Insurers																	
AA-3191190	Hamilton Re Ltd		1	0001		1	–	–	1	1		1	1	–	4	–	–

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								
		21	22	23	24				28	29	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	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)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 – 32)	Reinsurer Designation Equivalent	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)
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS					–	–	–	–	–		–		–	3		–
AA-1780116	Chaucer Ins Co Designated Activity Co					–	–	–	–	–		–		–	3		–
AA-9240012	China Prop & Cas Reins Co Ltd		1	0002		1	–	–	1	2		2	1	–	3	–	–
AA-1340028	Devk Ruckversicherungs und Beteiligungs				41	41	–	–	41	49		49	41	8	2	1	–
AA-5420050	KOREAN REINS CO				10	10	–	–	10	12		12	10	2	3	–	–
AA-1460019	MS Amlin AG		5	0003		5	–	–	5	6		6	5	1	3	–	–
AA-1440076	SiriusPoint Intl Ins Corp (publ)				6	6	–	–	6	7		7	6	1	3	–	–
AA-5324100	Taiping Reins Co Ltd				9	9	–	–	9	11		11	9	2	3	–	–
AA-3191432	Vantage Risk Ltd					–	–	–	–	–		–		–	4		–
2699999 – Total Unauthorized, Other Non-U.S. Insurers			7	XXX	66	73	–	–	73	88		88	73	15	XXX	2	–
2899999 – Total Unauthorized Excluding Protected Cells			7	XXX	66	73	–	–	73	88		88	73	15	XXX	2	–
Total Certified, Other Non-U.S. Insurers																	
CR-3194126	Arch Reins Ltd				110	110	–	–	110	132		132	110	22	3	3	1
CR-3190770	Chubb Tempest Reins Ltd				9	9	–	–	9	11		11	9	2	1	–	–
CR-3191289	Fidelis Ins Bermuda Ltd		10	0004		10	–	–	10	12		12	10	2	4	–	–
CR-1120175	Fidelis Underwriting Ltd		20	0005		20	–	–	20	24		24	20	4	4	1	–
CR-3190875	Hiscox Ins Co (Bermuda) Ltd				24	24	–	–	24	29		29	24	5	3	1	–
CR-3191315	XL Bermuda Ltd				4	4	–	–	4	4		4	4	1	3	–	–
4099999 – Total Certified, Other Non-U.S. Insurers			30	XXX	147	177	–	–	177	212		212	177	35	XXX	5	1
4299999 – Total Certified Excluding Protected Cells			30	XXX	147	177	–	–	177	212		212	177	35	XXX	5	1
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells			37	XXX	214	250	80,268	–	721	865		865	250	615	XXX	7	14
9999999 – Totals			37	XXX	214	250	80,268	–	721	865		865	250	615	XXX	7	14

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 Overdue 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 – 44)	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
Total Authorized, Affiliates, U.S. Intercompany Pooling																		
31-4192970	GRANGE INS CO											-				-	YES	-
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	-
52-1952955	RENAISSANCE REINS US INC											-				-	YES	-
13-1675535	SWISS REINS AMER CORP											-				-	YES	-
42-0644327	UNITED FIRE & CAS CO											-				-	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	-
13-2673100	GENERAL REINS CORP											-				-	YES	-
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers												-		-	-	-	XXX	-
Total Authorized, Other Non-U.S. Insurers																		
AA-1128987	Lloyd's Syndicate Number 2987											-				-	YES	-
AA-1126033	Lloyd's Syndicate Number 33											-				-	YES	-
AA-1126435	Lloyd's Syndicate Number 435											-				-	YES	-
AA-1126623	Lloyd's Syndicate Number 623											-				-	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-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 Reasegueros 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												-		-	-	-	XXX	-
Total Unauthorized, Other Non-U.S. Insurers																		
AA-3191190	Hamilton Re Ltd											-				-	YES	-
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS											-				-	YES	-
AA-1780116	Chaucer Ins Co Designated Activity Co											-				-	YES	-
AA-9240012	China Prop & Cas Reins Co Ltd											-				-	YES	-

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 Overdue 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 – 44)	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-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 .....	..... –
CR-3191315 .....	XL 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 .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	..... –	.....	..... –	..... –	..... –	..... XXX .....	..... –
9999999 – Totals .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	..... –	.....	..... –	..... –	..... –	..... XXX .....	..... –

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															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		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 Amounts in Dispute (Col. 45 * 20%)	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 Amounts Not in Dispute (Col. 47 * 20%)	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)
ID Number From Col. 1	Name of Reinsurer From Col. 3																
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 INSP EC & 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
52-1952955	RENAISSANCE REINS US INC	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
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
13-2673100	GENERAL REINS CORP	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, Other Non-U.S. Insurers																	
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-1126435	Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	Lloyd's Syndicate Number 623	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-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
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

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															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		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 Amounts in Dispute (Col. 45 * 20%)	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 Amounts Not in Dispute (Col. 47 * 20%)	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)
ID Number From Col. 1	Name of Reinsurer From Col. 3																
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	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-9240012	China Prop & Cas Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340028	Devk Ruckversicherungs 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		110	22	100.000	100.000		110	–	–	–	–	–	–
CR-3190770	Chubb Tempest Reins Ltd	2	11/19/2020	10.000		9	1	100.000	100.000		9	–	–	–	–	–	–
CR-3191289	Fidelis Ins Bermuda Ltd	4	12/07/2021	50.000		10	5	100.000	100.000		10	–	–	–	–	–	–
CR-1120175	Fidelis Underwriting Ltd	4	01/10/2022	50.000		20	10	100.000	100.000		20	–	–	–	–	–	–
CR-3190875	Hiscox Ins Co (Bermuda) Ltd	3	08/04/2021	20.000		24	5	100.000	100.000		24	–	–	–	–	–	–
CR-3191315	XL Bermuda Ltd	2	11/24/2020	10.000		4	–	100.000	100.000		4	–	–	–	–	–	–
4099999 – Total Certified, Other Non-U.S. Insurers						177	43	XXX	XXX		177	–	–	–	–	–	–
4299999 – Total Certified Excluding Protected Cells						177	43	XXX	XXX		177	–	–	–	–	–	–
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells						177	43	XXX	XXX		177	–	–	–	–	–	–
9999999 – Totals						177	43	XXX	XXX		177	–	–	–	–	–	–



SCHEDULE F - PART 3 (CONTINUED)  
Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Total Provision for Reinsurance)

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73	74	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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%])	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%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	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		-	XXX	XXX	-	-	-	XXX	XXX	-
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	-
52-1952955	RENAISSANCE REINS US INC	-	XXX	XXX	-	-	-	XXX	XXX	-
13-1675535	SWISS REINS AMER CORP	-	XXX	XXX	-	-	-	XXX	XXX	-
42-0644327	UNITED FIRE & CAS CO	-	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	-
13-2673100	GENERAL REINS CORP	-	XXX	XXX	-	-	-	XXX	XXX	-
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers		-	XXX	XXX	-	-	-	XXX	XXX	-
Total Authorized, Other Non-U.S. Insurers										
AA-1128987	Lloyd's Syndicate Number 2987	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126033	Lloyd's Syndicate Number 33	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126435	Lloyd's Syndicate Number 435	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126623	Lloyd's Syndicate Number 623	-	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-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		-	XXX	XXX	-	-	-	XXX	XXX	-
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	-

SCHEDULE F - PART 3 (CONTINUED)  
Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
(Total Provision for Reinsurance)

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73	74	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	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%])	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%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-1780116 .....	Chaucer Ins Co Designated Activity Co .....	-	-	-	XXX .....	XXX .....	XXX .....	-	XXX .....	-
AA-9240012 .....	China Prop & Cas Reins Co Ltd .....	-	-	-	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 .....	-	-
CR-3191315 .....	XL 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 .....		-	-	-	-	-	-	-	-	-

SCHEDULE F - PART 4

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

1	2	3	4	5
Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0001.....	1.....	073000228.....	Wells Fargo.....	1.....
0002.....	1.....	026009917.....	Australia and New Zealand Bank.....	1.....
0003.....	1.....	026002574.....	Barclays.....	5.....
0004.....	1.....	021000089.....	Citibank London.....	10.....
0005.....	1.....	981390502.....	Lloyds Corporate Markets.....	20.....
9999999 – Totals.....				37.....

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	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1. ....	GRANGE INS CO.....		81,483
2. ....	SWISS REINS AMER CORP.....		124
3. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....		93
4. ....	Hannover Rueck SE.....		48
5. ....	MUNICH REINS AMER INC.....		37

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	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6. ....	GRANGE INS CO.....	79,797	81,483	YES
7. ....	Arch Reins Ltd.....	110	31	NO
8. ....	SWISS REINS AMER CORP.....	88	124	NO
9. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....	62	93	NO
10.....	MUNICH REINS AMER INC.....	48	21	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	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	20,084,497		20,084,497
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....			
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	164,332		164,332
6. Net amount recoverable from reinsurers .....			
7. Protected cell assets (Line 27) .....		86,143,495	86,143,495
8. Totals (Line 28) .....	20,248,829	86,143,495	106,392,324
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	—	50,594,771	50,594,771
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	52,731		52,731
11. Unearned premiums (Line 9) .....		35,548,724	35,548,724
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 .....	4,399,976		4,399,976
19. Total liabilities excluding protected cell business (Line 26) .....	4,452,707	86,143,495	90,596,202
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	15,796,122	XXX	15,796,122
22. Totals (Line 38) .....	20,248,829	86,143,495	106,392,324

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 1O - Columns 1 to 12

NONE

(51) Schedule P - Part 1O - Columns 13 to 25

NONE

(51) Schedule P - Part 1O - 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

(89) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 1

NONE

(89) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 2

NONE

(89) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 3

NONE

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 4

NONE

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 5

NONE

(91) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 1

NONE

(91) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 2

NONE

(91) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 3

NONE

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 4

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 5

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 6

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 7

**NONE**

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 Section 1: Occurrence	2 Section 2: Claims-Made
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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
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

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	IA	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	IA	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	UDP	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	RE	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														

SCHEDULE Y

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

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

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	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control / Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Column 5 of Column 6)	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
June Filing		
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

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO 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.

		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? .....	NO
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.	Business not written	 1 2 9 8 6 2 0 2 2 4 2 0 0 0 0 0 0
12.	Business not written	 1 2 9 8 6 2 0 2 2 2 4 0 0 0 0 0 0
13.	Business not written	 1 2 9 8 6 2 0 2 2 3 6 0 0 0 0 0 0
14.	Business not written	 1 2 9 8 6 2 0 2 2 4 5 5 0 0 0 0 0
15.	Business not written	 1 2 9 8 6 2 0 2 2 4 9 0 0 0 0 0 0
16.	Business not written	 1 2 9 8 6 2 0 2 2 3 8 5 0 0 0 0 0
17.	Business not written	 1 2 9 8 6 2 0 2 2 4 0 1 0 0 0 0 0
18.	Business not written	 1 2 9 8 6 2 0 2 2 3 6 5 0 0 0 0 0
19.		
20.		
21.		
22.	Business not written	 1 2 9 8 6 2 0 2 2 5 0 0 0 0 0 0 0
23.	Business not written	 1 2 9 8 6 2 0 2 2 5 0 5 0 0 0 0 0
24.	Business not written	 1 2 9 8 6 2 0 2 2 2 2 4 0 0 0 0 0
25.	Business not written	 1 2 9 8 6 2 0 2 2 2 2 5 0 0 0 0 0
26.	Business not written	 1 2 9 8 6 2 0 2 2 2 2 6 0 0 0 0 0
27.	Business not written	 1 2 9 8 6 2 0 2 2 5 5 5 0 0 0 0 0
28.	Business not written	 1 2 9 8 6 2 0 2 2 2 3 0 0 0 0 0 0
29.	Business not written	 1 2 9 8 6 2 0 2 2 3 0 6 0 0 0 0 0
30.	Business not written	 1 2 9 8 6 2 0 2 2 2 1 0 0 0 0 0 0
31.	Business not written	 1 2 9 8 6 2 0 2 2 2 1 6 0 0 0 0 0
32.	Business not written	 1 2 9 8 6 2 0 2 2 2 1 7 0 0 0 0 0
33.		
34.	No business written	 1 2 9 8 6 2 0 2 2 2 9 0 0 0 0 0 0
35.	Business not written	 1 2 9 8 6 2 0 2 2 5 6 0 0 0 0 0 0
36.	No business written	 1 2 9 8 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	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Investment Banking.....			29,553	29,553
2497. Summary of remaining write-ins for Line 24 from overflow page.....			29,553	29,553

**OVERFLOW PAGE FOR WRITE-INS**