



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2023
 OF THE CONDITION AND AFFAIRS OF THE
GRANGE INSURANCE COMPANY OF MICHIGAN

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

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

OFFICERS

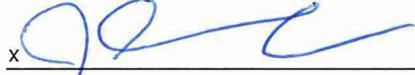
.....JOHN (NMN) AMMENDOLA, PRESIDENT & CEO.....TERESA JEAN BROWN, EVP & CFO.....
BETH WILLIAMS MURPHY#, EVP & SECRETARY.....

DIRECTORS OR TRUSTEES

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

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

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

x 
 JOHN (NMN) AMMENDOLA
 PRESIDENT & CEO

x 
 BETH WILLIAMS MURPHY
 EVP & SECRETARY

x 
 TERESA JEAN BROWN
 EVP & CFO

Subscribed and sworn to before me
 this 20 day of
February, 2024

x 

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



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

EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2023

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

NAIC Group Code: 0267

NAIC Company Code: 11136

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	209,012	212,272	—	106,638	26,095	24,679	14,791	—	594	2,183	31,668	3,707
2.1. Allied Lines	129,022	131,711	—	57,706	23,964	81,850	67,479	3,251	3,479	1,024	20,004	2,288
2.2. Multiple Peril Crop												
2.3. Federal Flood												
2.4. Private Crop												
2.5. Private Flood												
3. Farmowners Multiple Peril	218,535	221,507	—	112,368	61,095	63,720	13,382	2,431	1,947	1,736	34,746	3,875
4. Homeowners Multiple Peril	4,349,138	4,475,805	—	2,369,246	3,309,746	3,000,949	1,201,864	59,313	92,482	116,010	591,600	77,126
5.1. Commercial Multiple Peril (Non-Liability Portion)	7,238,222	7,398,278	—	3,365,130	5,127,367	4,886,169	1,770,239	88,410	89,100	127,351	1,154,069	128,360
5.2. Commercial Multiple Peril (Liability Portion)	3,419,457	3,519,473	—	1,400,397	1,675,363	3,457,753	8,256,557	202,634	448,351	2,342,183	541,494	60,640
6. Mortgage Guaranty												
8. Ocean Marine												
9. Inland Marine	87,475	91,848	—	47,249	45,611	34,934	2,613	1,768	1,695	500	13,213	1,551
10. Financial Guaranty	—	—	—	—	—	—	—	—	—	—	—	—
11.1. Medical Professional Liability – Occurrence	—	—	—	—	—	—	—	—	—	—	—	—
11.2. Medical Professional Liability – Claims-Made												
12. Earthquake	1,535	1,789	—	658	—	(32)	23	—	(1)	1	242	27
13.1. Comprehensive (hospital and medical) ind (b)	—	—	—	—	—	—	—	—	—	—	—	—
13.2. Comprehensive (hospital and medical) group (b)												
14. Credit A&H (Group and Individual)												
15.1. Vision Only (b)												
15.2. Dental Only (b)												
15.3. Disability Income (b)												
15.4. Medicare Supplement (b)												
15.5. Medicaid Title XIX (b)												
15.6. Medicare Title XVIII (b)												
15.7. Long-Term Care (b)												
15.8. Federal Employees Health Benefits Plan (b)												
15.9. Other Health (b)												
16. Workers' Compensation	1,403,511	1,389,812	—	501,942	385,213	40,554	682,854	36,585	17,087	123,316	129,737	24,889
17.1. Other Liability—Occurrence	853,766	852,587	—	386,691	—	476,278	1,215,969	—	7	11,148	135,820	15,140
17.2. Other Liability—Claims-Made	450	454	—	346	—	23	177	—	(31)	116	72	8
17.3. Excess Workers' Compensation												
18.1. Products Liability – Occurrence	27,548	20,331	—	14,069	—	(879)	7,456	—	(3,110)	4,897	4,380	489
18.2. Products Liability – Claims-Made												
19.1. Private Passenger Auto No-Fault (Personal Injury Protection)	644,343	703,834	—	158,117	978,399	(5,956,425)	133,266,983	59,429	(88,404)	735,073	84,499	11,427
19.2. Other Private Passenger Auto Liability	437,028	453,180	—	107,043	2,091	(221,638)	237,372	48,384	(88,274)	112,636	63,898	7,750
19.3. Commercial Auto No-Fault (Personal Injury Protection)	1,530,133	1,486,690	—	740,571	396,901	518,571	1,741,627	70,171	31,479	92,548	162,758	27,135
19.4. Other Commercial Auto Liability	3,119,135	3,067,177	—	1,516,856	1,634,297	2,350,624	4,352,171	377,760	381,316	474,238	431,198	55,314
21.1. Private Passenger Auto Physical Damage	708,633	731,235	—	175,316	324,860	322,342	14,993	3,500	3,568	620	104,044	12,567
21.2. Commercial Auto Physical Damage	3,401,249	3,234,767	—	1,674,121	2,145,969	2,076,688	146,589	535	7,096	17,455	487,227	60,317
22. Aircraft (all perils)	—	—	—	—	—	—	—	—	—	—	—	—
23. Fidelity												
24. Surety	—	—	—	—	—	—	—	—	—	—	—	—
26. Burglary and Theft	15,895	14,915	—	8,083	—	(235)	287	—	(3)	11	2,527	282
27. Boiler and Machinery	—	—	—	—	—	—	—	—	—	—	—	—
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTAL (a)	27,794,086	28,007,666	—	12,742,549	16,136,970	11,155,926	152,993,426	954,170	898,380	4,163,046	3,993,195	492,892
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 \$145,241

(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 2023

NAIC Group Code: 0267

NAIC Company Code: 11136

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1. Allied Lines.....												
2.2. Multiple Peril Crop.....												
2.3. Federal Flood.....												
2.4. Private Crop.....												
2.5. Private Flood.....												
3. 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.....												
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3498. Summary of remaining write-ins for Line 34 from overflow page.....												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above).....												

NONE

(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

GRAND TOTAL DURING THE YEAR 2023

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

NAIC Group Code: 0267

NAIC Company Code: 11136

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
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10. Financial Guaranty	—	—	—	—	—	—	—	—	—	—	—	—	—
11.1. Medical Professional Liability – Occurrence	—	—	—	—	—	—	—	—	—	—	—	—	—
11.2. Medical Professional Liability – Claims-Made													
12. Earthquake	1,535	1,789	—	658	—	(32)	23	—	(1)	1	242	27	
13.1. Comprehensive (hospital and medical) ind (b)	—	—	—	—	—	—	—	—	—	—	—	—	—
13.2. Comprehensive (hospital and medical) group (b)													
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22. Aircraft (all perils)	—	—	—	—	—	—	—	—	—	—	—	—	—
23. Fidelity													
24. Surety	—	—	—	—	—	—	—	—	—	—	—	—	—
26. Burglary and Theft	15,895	14,915	—	8,083	—	(235)	287	—	(3)	11	2,527	282	
27. Boiler and Machinery	—	—	—	—	—	—	—	—	—	—	—	—	—
28. Credit													
29. International													
30. Warranty													
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
34. Aggregate Write-Ins for Other Lines of Business													
35. TOTAL (a)	27,794,086	28,007,666	—	12,742,549	16,136,970	11,155,926	152,993,426	954,170	898,380	4,163,046	3,993,195	492,892	
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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 \$145,241

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities														
AA-9992118.....	00000	NATIONAL WORKERS COMP REINS POOL.....	NY.....	80.....	.....33.....	.....33.....	.....	.....	.....	.....2.....	.....	.....	.....	.....
1099999 - Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities.....				80.....	.....33.....	.....33.....	.....	.....	.....	.....2.....	.....	.....	.....	.....
1299999 - Total Pools and Associations.....				80.....	.....33.....	.....33.....	.....	.....	.....	.....2.....	.....	.....	.....	.....
9999999 - Totals.....				80.....	.....33.....	.....33.....	.....	.....	.....	.....2.....	.....	.....	.....	.....

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) During Current Year

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

NONE

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties		
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers				
Total Authorized, Affiliates, U.S. Intercompany Pooling																					
31-4192970	14060	GRANGE INS CO	OH		25,793			11,182		9,357		12,268		32,806						32,806	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling						25,793		11,182		9,357		12,268		32,806						32,806	
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																					
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates						25,793		11,182		9,357		12,268		32,806						32,806	
Total Authorized, Other U.S. Unaffiliated Insurers																					
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		340	-		9		-		154		163						163	
51-0434766	20370	AXIS REINS CO	NY		3	-		3		-		-		3						3	
47-0574325	32603	BERKLEY INS CO	DE		133	-		-		-		49		49						49	
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		1	-		1		-		-		1						1	
35-2293075	11551	ENDURANCE ASSUR CORP	DE		15	-		-		-		-		-						-	
13-2673100	22039	GENERAL REINS CORP	DE		182	-		-		-		529		54		583				583	
47-0355979	20087	NATIONAL IND CO	NE		3	-		-		-		-		-					-		
52-1952955	10357	RENAISSANCE REINS US INC	MD		162	-		-		-		-		-					-		
47-0698507	23680	ODYSSEY REINS CO	CT		59	-		-		-		-		-					-		
13-1675535	25364	SWISS REINS AMER CORP	NY		138	-		12		-		-		-		12				12	
42-0644327	13021	UNITED FIRE & CAS CO	IA		68	-		-		-		-		-							
13-1290712	20583	XL REINS AMER INC	NY		3	-		-		-		-		-							
22-2005057	26921	EVEREST REINS CO	DE		2	-		1		-		-		1						1	
87-2252307	22225	TRISURA INS CO	OK		25	-		-		-		-		-							
13-4924125	10227	MUNICH REINS AMER INC	DE		3	-		6		-		-		6					6		
13-3138390	42307	NAVIGATORS INS CO	NY		2	-		5		-		-		5					5		
23-1641984	10219	QBE REINS CORP	PA		2	-		-		-		-		-							
13-5616275	19453	TRANSATLANTIC REINS CO	NY		42	-		7		-		-		7					7		
04-1543470	23043	LIBERTY MUT INS CO	MA		1	-		-		-		-		-					-		
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers						1,185	-	45	-	530		256		831						831	
Total Authorized, Pools, Mandatory Pools																					
AA-9991159	00000	MICHIGAN CATASTROPHIC CLAIMS ASSN	MI		547	6,410		132,022				241		138,672						138,672	
1099999 - Total Authorized, Pools, Mandatory Pools						547	6,410	132,022				241		138,672						138,672	
Total Authorized, Other Non-U.S. Insurers																					
AA-1127414	00000	Lloyd's Syndicate Number 1414	GBR		1	-		-		-		-		-					-		
AA-1120198	00000	Lloyd's Syndicate Number 1618	GBR		10	-		-		-		-		-					-		
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		17	-		2		-		-		2					2		
AA-1126033	00000	Lloyd's Syndicate Number 33	GBR		2	-		3		-		-		3					3		
AA-1127084	00000	Lloyd's Syndicate Number 1084	GBR		4	-		-		-		-		-					-		
AA-1120156	00000	Lloyd's Syndicate Number 1686	GBR		1	-		-		-		-		-					-		
AA-1120171	00000	Lloyd's Syndicate Number 1856	GBR		1	-		1		-		-		1					1		
AA-1128001	00000	Lloyd's Syndicate Number 2001	GBR		4	-		1		-		-		1					1		
AA-1128003	00000	Lloyd's Syndicate Number 2003	GBR		1	-		1		-		-		1					1		
AA-1120179	00000	Lloyd's Syndicate Number 2988	GBR		2	-		-		-		-		-					-		
AA-1128010	00000	Lloyd's Syndicate Number 2010	GBR		1	-		-		-		-		-					-		
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		1	-		-		-		-		-					-		
AA-1128791	00000	Lloyd's Syndicate Number 2791	GBR		1	-		-		-		-		-					-		
AA-1126004	00000	Lloyd's Syndicate Number 4444	GBR		2	-		-		-		-		-					-		
AA-1126609	00000	Lloyd's Syndicate Number 609	GBR		3	-		-		-		-		-					-		
AA-3194130	00000	Endurance Specialty Ins Ltd	BMU		3	-		4		-		-		4					4		
AA-1840000	00000	Mapfre Re Compania de Reaseguros SA	ESP		5	-		1		-		-		1					1		
AA-3190686	00000	Partner Reins Co Ltd	BMU		1	-		-		-		-		-					-		
AA-3190870	00000	Validus Reins Ltd	BMU		3	-		-		-		-		-					-		
AA-1340125	00000	Hannover Rueck SE	DEU		195	-		4		-		-		4					4		

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers			
1299999 - Total Authorized, Other Non-U.S. Insurers					257	—		17		—		—		18		—	—	18		
1499999 - Total Authorized Excluding Protected Cells					27,782	6,410		143,266	—	9,887		12,765		172,327		—	—	172,327		
Total Unauthorized, Other Non-U.S. Insurers																				
AA-1120191	00000	Convex Ins UK Ltd	GBR		14	—		6		—		—		6		—	—	6		
AA-1460080	00000	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	CHE		59	—		—		—		—		—		—	—	—	—	
AA-5420050	00000	KOREAN REINS CO	KOR		2	—		1		—		—		—		1		—	1	
AA-1460019	00000	MS Amlin AG	CHE		1	—		1		—		—		—		1		—	1	
AA-1440076	00000	SiriusPoint Intl Ins Corp (publ)	SWE		1	—		1		—		—		—		1		—	1	
AA-5324100	00000	Taiping Reins Co Ltd	HKG		1	—		1		—		—		—		1		—	1	
AA-3191432	00000	Vantage Risk Ltd	BMU		1	—		—		—		—		—		—		—	—	
2699999 - Total Unauthorized, Other Non-U.S. Insurers					78	—		10		—		—		—		10		—	—	10
2899999 - Total Unauthorized Excluding Protected Cells					78	—		10		—		—		—		10		—	—	10
Total Certified, Other Non-U.S. Insurers																				
CR-3194126	00000	Arch Reins Ltd	BMU		6	—		15		—		—		15		—	—	15		
CR-3190770	00000	Chubb Tempest Reins Ltd	BMU		—	—		1		—		—		1		—	—	1		
CR-3191289	00000	Fidelis Ins Bermuda Ltd	BMU		3	—		1		—		—		1		—	—	1		
CR-1120175	00000	Fidelis Underwriting Ltd	GBR		4	—		3		—		—		3		—	—	3		
CR-3190875	00000	Hiscox Ins Co (Bermuda) Ltd	BMU		1	—		3		—		—		3		—	—	3		
4099999 - Total Certified, Other Non-U.S. Insurers					14	—		23		1		—		24		—	—	24		
4299999 - Total Certified Excluding Protected Cells					14	—		23		1		—		24		—	—	24		
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					27,874	6,410		143,299	—	9,887		12,765		172,361		—	—	172,361		
9999999 - Totals					27,874	6,410		143,299	—	9,887		12,765		172,361		—	—	172,361		

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk											
		21	22	23	24				Net Recoverable From Reinsurers Less Penalty (Col. 15 - 27)	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Col. 28*120%)	Reinsurance Payable & Funds Held (Col. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 29 - 30)	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 Recoverable From Reinsurers Less Penalty (Col. 15 - 27)	Reinsurance Payable & Funds Held (Col. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 29 - 30)	30	31	32	33	34	35	36		
Total Authorized, Affiliates, U.S. Intercompany Pooling																				
31-4192970	GRANGE INS CO								32,806		—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling				XXX					32,806		—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total				XXX								XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates				XXX					32,806		—								XXX	
Total Authorized, Other U.S. Unaffiliated Insurers																				
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO							—	163		—	163	195	—	195	195	195	1	3	3
51-0434766	AXIS REINS CO							—	3		—	3	4	—	4	4	4	3	—	—
47-0574325	BERKLEY INS CO							—	49		—	49	58	—	58	58	58	2	1	—
42-0234980	EMPLOYERS MUT CAS CO							—	1		—	1	2	—	2	2	2	4	—	—
35-2293075	ENDURANCE ASSUR CORP							—	—		—	—	—	—	—	—	—	2	2	—
13-2673100	GENERAL REINS CORP							—	583		—	583	699	—	699	699	699	1	11	—
47-0355979	NATIONAL IND CO							—	—		—	—	—	—	—	—	—	1	—	—
52-1952955	RENAISSANCE REINS US INC							—	—		—	—	—	—	—	—	—	2	—	—
47-0698507	ODYSSEY REINS CO							—	—		—	—	—	—	—	—	—	2	—	—
13-1675535	SWISS REINS AMER CORP							—	12		—	12	14	—	14	14	14	2	2	—
42-0644327	UNITED FIRE & CAS CO							—	—		—	—	—	—	—	—	—	4	—	—
13-1290712	XL REINS AMER INC							—	—		—	—	—	—	—	—	—	2	2	—
22-2005057	EVEREST REINS CO							—	1		—	1	2	—	2	2	2	2	2	—
87-2252307	TRISURA INS CO							—	—		—	—	—	—	—	—	—	4	—	—
13-4924125	MUNICH REINS AMER INC							—	6		—	6	8	—	8	8	8	2	2	—
13-3138390	NAVIGATORS INS CO							—	5		—	5	6	—	6	6	6	3	—	—
23-1641984	QBE REINS CORP							—	—		—	—	—	—	—	—	—	2	—	—
13-5616275	TRANSATLANTIC REINS CO							—	7		—	7	8	—	8	8	8	2	—	—
04-1543470	LIBERTY MUT INS CO							—	—		—	—	—	—	—	—	—	3	—	—
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers				XXX				—	831		—	831	997	—	997	997	997	XXX	17	
Total Authorized, Pools, Mandatory Pools																				
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN							138,672		—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1099999 - Total Authorized, Pools, Mandatory Pools				XXX				138,672		—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Total Authorized, Other Non-U.S. Insurers																				
AA-1127414	Lloyd's Syndicate Number 1414							—	—		—	—	—	—	—	—	—	3	—	—
AA-1120198	Lloyd's Syndicate Number 1618							—	—		—	—	—	—	—	—	—	3	—	—
AA-1128987	Lloyd's Syndicate Number 2987							—	2		—	2	3	—	3	3	3	3	—	—
AA-1126033	Lloyd's Syndicate Number 33							—	3		—	3	3	—	3	3	3	3	3	—
AA-1127084	Lloyd's Syndicate Number 1084							—	—		—	—	1	—	1	1	1	3	—	—
AA-1120156	Lloyd's Syndicate Number 1686							—	—		—	—	—	—	—	—	—	3	—	—
AA-1120171	Lloyd's Syndicate Number 1856							—	1		—	1	1	—	1	1	1	1	3	—
AA-1128001	Lloyd's Syndicate Number 2001							—	1		—	1	1	—	1	1	1	1	3	—
AA-1128003	Lloyd's Syndicate Number 2003							—	1		—	1	1	—	1	1	1	1	3	—
AA-1120179	Lloyd's Syndicate Number 2988							—	—		—	—	—	—	—	—	—	3	—	—
AA-1128010	Lloyd's Syndicate Number 2010							—	—		—	—	—	—	—	—	—	3	—	—

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk										
		21	22	23	24				Net Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Total Amount Recoverable From Reinsurers Applicable Sch. F Penalty (Col. 78)	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)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 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 in Col. 34)	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-1128623	Lloyd's Syndicate Number 2623					-	-	-	-	-	-	-	-	-	-	-	3	-	
AA-1128791	Lloyd's Syndicate Number 2791					-	-	-	-	-	-	-	-	-	-	-	3	-	
AA-1126004	Lloyd's Syndicate Number 4444					-	-	-	-	-	-	-	-	-	-	-	3	-	
AA-1126609	Lloyd's Syndicate Number 609					-	-	-	-	-	-	-	-	-	-	-	3	-	
AA-3194130	Endurance Specialty Ins Ltd.					-	4	-	4	5	-	5	-	5	-	5	2	-	
AA-1840000	Mapfre Re Compania de Reaseguros SA					-	1	-	1	2	-	2	-	2	-	2	2	-	
AA-3190686	Partner Reins Co Ltd					-	-	-	-	-	-	-	-	-	-	-	2	-	
AA-3190870	Validus Reins Ltd					-	-	-	-	-	-	-	-	-	-	-	3	-	
AA-1340125	Hannover Rueck SE					-	4	-	4	5	-	5	-	5	-	5	3	-	
1299999 - Total Authorized, Other Non-U.S. Insurers						XXX		-	18	-	18	21	-	21	-	21	XXX	1	
1499999 - Total Authorized Excluding Protected Cells						XXX		-	172,327	-	848	1,018	-	1,018	-	1,018	XXX	17	
Total Unauthorized, Other Non-U.S. Insurers																			
AA-1120191	Convex Ins UK Ltd				6	0001			6	-	-	6	8	-	8	6	1	3	-
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS				-	-			-	-	-	-	-	-	-	-	2	-	
AA-5420050	KOREAN REINS CO				1	0002			1	-	-	1	2	-	2	1	-	3	-
AA-1460019	MS Amlin AG				1	0003			1	-	-	1	1	-	1	1	-	3	-
AA-1440076	SiriusPoint Intl Ins Corp (publ)				1	0004			1	-	-	1	1	-	1	1	-	4	-
AA-5324100	Taiping Reins Co Ltd				1	0004			1	-	-	1	1	-	1	1	-	3	-
AA-3191432	Vantage Risk Ltd				1	0004			1	-	-	1	1	-	1	1	-	4	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers					10	XXX	1	10	-	-	10	13	-	13	10	2	XXX	-	
2899999 - Total Unauthorized Excluding Protected Cells					10	XXX	1	10	-	-	10	13	-	13	10	2	XXX	-	
Total Certified, Other Non-U.S. Insurers																			
CR-3194126	Arch Reins Ltd				15	0005			15	-	-	15	18	-	18	15	3	2	-
CR-3190770	Chubb Tempest Reins Ltd				1	0006			1	-	-	1	1	-	1	1	-	2	-
CR-3191289	Fidelis Ins Bermuda Ltd				1	0007			1	-	-	1	2	-	2	1	-	3	-
CR-1120175	Fidelis Underwriting Ltd				3	0008			3	-	-	3	3	-	3	3	1	3	-
CR-3190875	Hiscox Ins Co (Bermuda) Ltd				3	0009			3	-	-	3	4	-	4	3	1	2	-
4099999 - Total Certified, Other Non-U.S. Insurers					24	XXX			24	-	-	24	28	-	28	24	5	XXX	1
4299999 - Total Certified Excluding Protected Cells					24	XXX			24	-	-	24	28	-	28	24	5	XXX	1
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					33	XXX	1	34	172,327	-	882	1,059	-	1,059	34	1,025	XXX	1	
9999999 - Totals					33	XXX	1	34	172,327	-	882	1,059	-	1,059	34	1,025	XXX	17	

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	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)											
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 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																				
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																				
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	
35-2293075	ENDURANCE ASSUR CORP																		YES	
13-2673100	GENERAL REINS CORP																		YES	
47-0355979	NATIONAL IND CO																		YES	
52-1952955	RENAISSANCE REINS US INC																		YES	
47-0698507	ODYSSEY REINS CO																		YES	
13-1675535	SWISS REINS AMER CORP																		YES	
42-0644327	UNITED FIRE & CAS CO																		YES	
13-1290712	XL REINS AMER INC																		YES	
22-2005057	EVEREST REINS CO																		YES	
87-2252307	TRISURA INS 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	
04-1543470	LIBERTY MUT INS CO																		YES	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																				
Total Authorized, Pools, Mandatory Pools																				
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	6,410								6,410				6,410					YES	
1099999 - Total Authorized, Pools, Mandatory Pools																				
Total Authorized, Other Non-U.S. Insurers																				
AA-1127414	Lloyd's Syndicate Number 1414																		YES	
AA-1120198	Lloyd's Syndicate Number 1618																		YES	
AA-1128987	Lloyd's Syndicate Number 2987																		YES	
AA-1126033	Lloyd's Syndicate Number 33																		YES	
AA-1127084	Lloyd's Syndicate Number 1084																		YES	
AA-1120156	Lloyd's Syndicate Number 1686																		YES	
AA-1120171	Lloyd's Syndicate Number 1856																		YES	
AA-1128001	Lloyd's Syndicate Number 2001																		YES	
AA-1128003	Lloyd's Syndicate Number 2003																		YES	
AA-1120179	Lloyd's Syndicate Number 2988																		YES	
AA-1128010	Lloyd's Syndicate Number 2010																		YES	
AA-1128623	Lloyd's Syndicate Number 2623																		YES	
AA-1128791	Lloyd's Syndicate Number 2791																		YES	
AA-1126004	Lloyd's Syndicate Number 4444																		YES	

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	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)										
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 43 - 44)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50		
AA-1126609	Lloyd's Syndicate Number 609	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-3194130	Endurance Specialty Ins Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-1840000	Mapfre Re Compania de Reaseguros SA	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-3190686	Partner Reins Co Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-3190870	Validus Reins Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-1340125	Hannover Rueck SE	—						—	—	—	—	—	—	—	—	—	YES	—	
1299999	Total Authorized, Other Non-U.S. Insurers	—						—	—	—	—	—	—	—	—	—	XXX	—	
1499999	Total Authorized Excluding Protected Cells	6,410						6,410		6,410							XXX	—	
Total Unauthorized, Other Non-U.S. Insurers																			
AA-1120191	Convex Ins UK Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-5420050	KOREAN REINS CO	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-1460019	MS Amlin AG	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-1440076	SiriusPoint Intl Ins Corp (publ)	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-5324100	Taiping Reins Co Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
AA-3191432	Vantage Risk Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
2699999	Total Unauthorized, Other Non-U.S. Insurers	—						—	—	—	—	—	—	—	—	—	XXX	—	
2899999	Total Unauthorized Excluding Protected Cells	—						—	—	—	—	—	—	—	—	—	XXX	—	
Total Certified, Other Non-U.S. Insurers																			
CR-3194126	Arch Reins Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
CR-3190770	Chubb Tempest Reins Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
CR-3191289	Fidelis Ins Bermuda Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
CR-1120175	Fidelis Underwriting Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
CR-3190875	Hiscox Ins Co (Bermuda) Ltd	—						—	—	—	—	—	—	—	—	—	YES	—	
4099999	Total Certified, Other Non-U.S. Insurers	—						—	—	—	—	—	—	—	—	—	XXX	—	
4299999	Total Certified Excluding Protected Cells	—						—	—	—	—	—	—	—	—	—	XXX	—	
5799999	Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells	6,410						6,410		6,410		6,410		6,410		6,410	—	XXX	—
9999999	Totals	6,410						6,410		6,410		6,410		6,410		6,410	—	XXX	—

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)		
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68		
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col.24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 +[Col. 45 * 20%])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days	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			
Total Authorized, Affiliates, U.S. Intercompany Pooling																			
31-419290...	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		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
Total Authorized, Other U.S. Unaffiliated Insurers																			
06-0384680...	HARTFORD STEAM BOIL INSPEC & INS CO	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		
35-2293075...	ENDURANCE ASSUR CORP	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		
47-0355979...	NATIONAL IND CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
52-1952955...	RENAISSANCE REINS US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47-0698507...	ODYSSEY REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13-1675535...	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42-0644327...	UNITED FIRE & CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13-1290712...	XL REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
22-2005057...	EVEREST REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
87-2252307...	TRISURA INS 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		
04-1543470...	LIBERTY MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers																			
Total Authorized, Pools, Mandatory Pools																			
AA-9991159...	MICHIGAN CATASTROPHIC CLAIMS ASSN	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
1099999 – Total Authorized, Pools, Mandatory Pools																			
Total Authorized, Other Non-U.S. Insurers																			
AA-1127414...	Lloyd's Syndicate Number 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1120198...	Lloyd's Syndicate Number 1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128987...	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1126033...	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1127084...	Lloyd's Syndicate Number 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1120156...	Lloyd's Syndicate Number 1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-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-1120179...	Lloyd's Syndicate Number 2988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128010...	Lloyd's Syndicate Number 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128623...	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128791...	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements	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	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			
AA-1126004	Lloyd's Syndicate Number 4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126609	Lloyd's Syndicate Number 609	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		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1499999 - Total Authorized Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
Total Unauthorized, Other Non-U.S. Insurers																				
AA-1120191	Convex Ins UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
	HELVETIA SCHWEIZERISCHE VERSICHERUNGS																			
AA-1460080		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		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2899999 - Total Unauthorized Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
Total Certified, Other Non-U.S. Insurers																				
CR-3194126	Arch Reins Ltd	3	07/01/2015	20.000		15	3	100.000	100.000			15	-	-	-	-	-			
CR-3190770	Chubb Tempest Reins Ltd	2	11/19/2020	10.000		1	-	99.961	100.000			1	-	-	-	-	-			
CR-3191289	Fidelis Ins Bermuda Ltd	4	12/07/2021	50.000		1	1	100.031	100.000			1	-	-	-	-	-			
CR-1120175	Fidelis Underwriting Ltd	4	01/10/2022	50.000		3	1	100.000	100.000			3	-	-	-	-	-			
CR-3190875	Hiscox Ins Co (Bermuda) Ltd	3	08/04/2021	20.000		3	1	99.984	100.000			3	-	-	-	-	-			
4099999 - Total Certified, Other Non-U.S. Insurers		XXX	XXX	XXX		24	6	XXX	XXX			24	-	-	-	-	-			
4299999 - Total Certified Excluding Protected Cells		XXX	XXX	XXX		24	6	XXX	XXX			24	-	-	-	-	-			
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		XXX	XXX	XXX		24	6	XXX	XXX			24	-	-	-	-	-			
9999999 - Totals		XXX	XXX	XXX		24	6	XXX	XXX			24	-	-	-	-	-			

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Total Authorized, Affiliates, U.S. Intercompany Pooling										
31-4192970	GRANGE INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling										
Total Authorized, Other U.S. Unaffiliated Insurers										
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
51-0434766	AXIS REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
47-0574325	BERKLEY INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
42-0234980	EMPLOYERS MUT CAS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
35-2293075	ENDURANCE ASSUR CORP	—	XXX	XXX	—	—	—	XXX	XXX	—
13-2673100	GENERAL REINS CORP	—	XXX	XXX	—	—	—	XXX	XXX	—
47-0355979	NATIONAL IND CO	—	XXX	XXX	—	—	—	XXX	XXX	—
52-1952955	RENAISSANCE REINS US INC	—	XXX	XXX	—	—	—	XXX	XXX	—
47-0698507	ODYSSEY REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
13-1675535	SWISS REINS AMER CORP	—	XXX	XXX	—	—	—	XXX	XXX	—
42-0644327	UNITED FIRE & CAS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
13-1290712	XL REINS AMER INC	—	XXX	XXX	—	—	—	XXX	XXX	—
22-2005057	EVEREST REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
87-2252307	TRISURA INS 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	—
04-1543470	LIBERTY MUT INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers										
Total Authorized, Pools, Mandatory Pools										
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	—	XXX	XXX	—	—	—	XXX	XXX	—
1099999 - Total Authorized, Pools, Mandatory Pools										
Total Authorized, Other Non-U.S. Insurers										
AA-1127414	Lloyd's Syndicate Number 1414	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1120198	Lloyd's Syndicate Number 1618	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128987	Lloyd's Syndicate Number 2987	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1126033	Lloyd's Syndicate Number 33	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1127084	Lloyd's Syndicate Number 1084	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1120156	Lloyd's Syndicate Number 1686	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-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-1120179	Lloyd's Syndicate Number 2988	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128010	Lloyd's Syndicate Number 2010	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128623	Lloyd's Syndicate Number 2623	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128791	Lloyd's Syndicate Number 2791	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1126004	Lloyd's Syndicate Number 4444	—	XXX	XXX	—	—	—	XXX	XXX	—

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-1126609	Lloyd's Syndicate Number 609	-	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-1120191	Convex Ins UK Ltd	-	-	-	XXX	XXX	XXX	-	XXX	XXX
AA-1460080	HELVETIA SCHWEIZERISCHE VERSICHERUNGS	-	-	-	XXX	XXX	XXX	-	XXX	XXX
AA-5420050	KOREAN REINS CO	-	-	-	XXX	XXX	XXX	-	XXX	XXX
AA-1460019	MS Amlin AG	-	-	-	XXX	XXX	XXX	-	XXX	XXX
AA-1440076	SiriusPoint Intl Ins Corp (publ)	-	-	-	XXX	XXX	XXX	-	XXX	XXX
AA-5324100	Taiping Reins Co Ltd	-	-	-	XXX	XXX	XXX	-	XXX	XXX
AA-3191432	Vantage Risk Ltd	-	-	-	XXX	XXX	XXX	-	XXX	XXX
2699999	- Total Unauthorized, Other Non-U.S. Insurers	-	-	-	XXX	XXX	XXX	-	XXX	XXX
Total Certified, Other Non-U.S. Insurers										
CR-3194126	Arch Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-3190770	Chubb Tempest Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-3191289	Fidelis Ins Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-1120175	Fidelis Underwriting Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
CR-3190875	Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
4099999	- Total Certified, Other Non-U.S. Insurers	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
4299999	- Total Certified Excluding Protected Cells	XXX	XXX	XXX	XXX	XXX	XXX	-	XXX	-
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 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
0001	1	021000089	Citibank Europe	6
0002	1	026004226	Societe Generale	1
0003	1	026002574	Barclays	1
0004	1	021000089	Citibank Europe	1
0005	1	026009593	Bank of America	15
0006	1	021000089	Citibank Europe	1
0007	1	021000089	Citibank London	1
0008	1	981390502	Lloyds Corporate Markets	3
0009	1	026008044	Commerzbank	3
9999999 - Totals				32

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.	GRANGE INS CO.....		25,793
2.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....		547
3.	HARTFORD STEAM BOIL INSPEC & INS CO.....		340
4.	Hannover Rueck SE.....		195
5.	GENERAL REINS CORP.....		182

B. Report the five largest reinsurance recoverables reported in Schedule F, Part 3, Column 15, due from any one reinsurer (based on the total recoverables, Schedule F, Part 3, Line 9999999, Column 15, the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
6.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....	138,673	547	NO.....
7.	GRANGE INS CO.....	32,806	25,793	YES.....
8.	GENERAL REINS CORP.....	583	182	NO.....
9.	HARTFORD STEAM BOIL INSPEC & INS CO.....	163	340	NO.....
10.	BERKLEY INS CO.....	49	133	NO.....

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

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	45,727,750		45,727,750
2. Premiums and considerations (Line 15).....			—
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	6,409,934	(6,409,934)	—
4. Funds held by or deposited with reinsured companies (Line 16.2).....			
5. Other assets.....	438,708		438,708
6. Net amount recoverable from reinsurers.....			
7. Protected cell assets (Line 27).....		46,543,619	46,543,619
8. Totals (Line 28).....	52,576,392	40,133,685	92,710,077
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	—	27,368,541	27,368,541
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	197,075		197,075
11. Unearned premiums (Line 9).....	—	12,765,144	12,765,144
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.....	2,437,609		2,437,609
19. Total liabilities excluding protected cell business (Line 26).....	2,634,684	40,133,685	42,768,369
20. Protected cell liabilities (Line 27).....			
21. Surplus as regards policyholders (Line 37).....	49,941,708	XXX	49,941,708
22. Totals (Line 38).....	52,576,392	40,133,685	92,710,077

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

(30) Schedule H - Part 1

NONE

(30) Write-Ins for Line 11 - Deductions

NONE

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

NONE

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

NONE

(31) Schedule H - Part 4 - Reinsurance

NONE

(32) Schedule H - Part 5

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(59) Schedule P - Part 2M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(61) Schedule P - Part 2T - Warranty

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(64) Schedule P - Part 3M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(66) Schedule P - Part 3T - Warranty

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(69) Schedule P - Part 4M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(71) Schedule P - Part 4T - Warranty

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

Schedule P – Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners.....						
2. Private Passenger Auto Liability/Medical.....						
3. Commercial Auto/Truck Liability/Medical.....						
4. Workers' Compensation.....						
5. Commercial Multiple Peril.....						
6. Medical Professional Liability—Occurrence.....						
7. Medical Professional Liability—Claims-made.....						
8. Special Liability.....						
9. Other Liability—Occurrence.....						
10. Other Liabilities—Claims-made.....						
11. Special Property.....						
12. Auto Physical Damage.....						
13. Fidelity/ Surety.....						
14. Other.....						
15. International.....						
16. Reinsurance-Nonproportional Assumed Property.....	XXX	XXX	XXX	XXX	XXX	XXX
17. Reinsurance-Nonproportional Assumed Liability.....	XXX	XXX	XXX	XXX	XXX	XXX
18. Reinsurance-Nonproportional Assumed Financial Lines.....	XXX	XXX	XXX	XXX	XXX	XXX
19. Products Liability—Occurrence.....						
20. Products Liability—Claims-made.....						
21. Financial Guaranty/Mortgage Guaranty.....						
22. Warranty.....						
23. Totals.....						

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XXX							
6. 2018.....	XXX	XXX	XXX	XXX						
7. 2019.....	XXX	XXX	XXX	XXX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS (CONTINUED)**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX								
5. 2017.....	XXX	XXX	XX							
6. 2018.....	XXX	XXX	XX	XX						
7. 2019.....	XXX	XXX	XX	XX	XXX					
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE**NONE**

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

Schedule P – Part 1	1 Total Net Losses and Expenses Unpaid	2 Net Losses and Expenses Unpaid on Loss Sensitive Contracts	3 Loss Sensitive as Percentage of Total	4 Total Net Premiums Written	5 Net Premiums Written on Loss Sensitive Contracts	6 Loss Sensitive as Percentage of Total
1. Homeowners/Farmowners.....						
2. Private Passenger Auto Liability/Medical.....						
3. Commercial Auto/Truck Liability/Medical.....						
4. Workers' Compensation.....						
5. Commercial Multiple Peril.....						
6. Medical Professional Liability—Occurrence.....						
7. Medical Professional Liability—Claims-made.....						
8. Special Liability.....						
9. Other Liability—Occurrence.....						
10. Other Liabilities—Claims-made.....						
11. Special Property.....						
12. Auto Physical Damage.....						
13. Fidelity/ Surety.....						
14. Other.....						
15. International.....						
16. Reinsurance-Nonproportional Assumed Property.....						
17. Reinsurance-Nonproportional Assumed Liability.....						
18. Reinsurance-Nonproportional Assumed Financial Lines.....						
19. Products Liability—Occurrence.....						
20. Products Liability—Claims-made.....						
21. Financial Guaranty/Mortgage Guaranty.....						
22. Warranty.....						
23. Totals.....						

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior.....										
2. 2014.....										
3. 2015.....	XXX									
4. 2016.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5. 2017.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
6. 2018.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
7. 2019.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8. 2020.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
10. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
11. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

NONE

SCHEDULE P – PART 7B – REINSURANCE LOSS SENSITIVE CONTRACTS (CONTINUED)**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 5

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 6

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 7

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR-END (\$000 OMITTED)									
	1 2014	2 2015	3 2016	4 2017	5 2018	6 2019	7 2020	8 2021	9 2022	10 2023
1. Prior										
2. 2014										
3. 2015	XXX									
4. 2016	XXX	XXX								
5. 2017	XXX	XXX	XXX							
6. 2018	XXX	XXX	XXX	XXX						
7. 2019	XXX	XXX	XXX	XXX	XXX					
8. 2020	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2021	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.

1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank.
If the answer to question 1.1 is "yes", please answer the following questions:..... **NO**

1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?..... **\$**

1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP No. 65?

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

1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?

1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1	2
Years in Which Premiums Were Earned and Losses Were Incurred	Section 1: Occurrence	
1.601. Prior.....		
1.602. 2014.....		
1.603. 2015.....		
1.604. 2016.....		
1.605. 2017.....		
1.606. 2018.....		
1.607. 2019.....		
1.608. 2020.....		
1.609. 2021.....		
1.610. 2022.....		
1.611. 2023.....		
1.612. Totals.....		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?..... **YES**

3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?..... **YES**

4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?..... **NO**

If yes, proper disclosure must be made in the Notes to Financial Statements, as specified in the Instructions. Also, the discounts must be reported in Schedule P - Part 1, Columns 32 and 33.

Schedule P must be completed gross of non-tabular discounting. Work papers relating to discount calculations must be available for examination upon request.

Discounting is allowed only if expressly permitted by the state insurance department to which this Annual Statement is being filed.

5. What were the net premiums (in thousands of dollars) in force at the end of the year for:

5.1. Fidelity..... **\$**

5.2. Surety..... **\$**

6. Claim count information is reported per claim or per claimant (indicate which)..... **CLAIMANT**
If not the same in all years, explain in Interrogatory 7.

7.1. The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?..... **YES**

7.2. An extended statement may be attached.....
As of 1/1/2017, the intercompany pooling agreement was amended. The intercompany pooling agreement now cedes underwriting results back only to the two parent companies, Grange Insurance Company and Integrity Insurance Company, with their respective stock subsidiary companies receiving 0% from the pool. Grange Insurance Company remains the lead company.

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

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

NONE

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
14060	31-4192970	GRANGE INSURANCE COMPANY GRANGE INDEMNITY INSURANCE COMPANY		150,000,000			55,531,521		*		205,531,521	(987,927,000)
10322	31-1432675	TRUSTGARD INSURANCE COMPANY							*			365,670,000
40118	41-1405571	GRANGE INSURANCE COMPANY OF MICHIGAN							*			201,596,000
11136	31-1769414	GRANGE PROPERTY & CASUALTY INSURANCE CO.							*			32,807,000
11982	42-1610213	INTEGRITY INSURANCE COMPANY							*			135,047,000
14303	39-0367560	INTEGRITY PROPERTY & CASUALTY INS. CO.					(51,307,892)		*		(51,307,892)	137,657,000
12986	41-2236417	INTEGRITY SELECT INSURANCE COMPANY							*			80,975,000
10288	81-3455935	GRANGEAMERICA							*			34,175,000
00000	31-1145043							-				-
00000	31-1193707	NORTHVIEW INSURANCE AGENCY						-				-
00000	83-2982350	GRANGE MUTUAL HOLDING COMPANY										
00000	83-2949300	GRANGE HOLDINGS, INC.		(150,000,000)			(4,223,629)				(154,223,629)	
9999999 - Control Totals				-			-		XXX		-	-

Annual Statement for the Year 2023 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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.

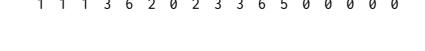
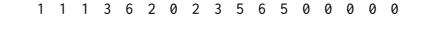
	Response
	March Filing
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based 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 Trusted Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	YES
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	YES
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	YES
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
	April Filing
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35. 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
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
	August Filing
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	No business written.	 1 1 1 3 6 2 0 2 3 4 2 0 0 0 0 0 0
12.	No business written.	 1 1 1 3 6 2 0 2 3 2 4 0 0 0 0 0 0
13.	No business written.	 1 1 1 3 6 2 0 2 3 3 6 0 0 0 0 0 0
14.	No business written.	 1 1 1 3 6 2 0 2 3 4 5 5 0 0 0 0 0
15.	No business written.	 1 1 1 3 6 2 0 2 3 4 9 0 0 0 0 0 0
16.	No business written.	 1 1 1 3 6 2 0 2 3 3 8 5 0 0 0 0 0
17.	No business written.	 1 1 1 3 6 2 0 2 3 4 0 1 0 0 0 0 0
18.	No business written.	 1 1 1 3 6 2 0 2 3 3 6 5 0 0 0 0 0
19.		
20.		
21.		
22.	No business written.	 1 1 1 3 6 2 0 2 3 5 0 0 0 0 0 0 0
23.		
24.	No business written.	 1 1 1 3 6 2 0 2 3 2 4 0 0 0 0 0 0
25.	No business written.	 1 1 1 3 6 2 0 2 3 2 2 5 0 0 0 0 0
26.	No business written.	 1 1 1 3 6 2 0 2 3 2 2 6 0 0 0 0 0
27.	No business written.	 1 1 1 3 6 2 0 2 3 5 5 5 0 0 0 0 0
28.		
29.		
30.	No business written.	 1 1 1 3 6 2 0 2 3 2 3 0 0 0 0 0 0
31.	No business written.	 1 1 1 3 6 2 0 2 3 3 0 6 0 0 0 0 0
32.	No business written.	 1 1 1 3 6 2 0 2 3 2 1 0 0 0 0 0 0
33.	No business written.	 1 1 1 3 6 2 0 2 3 2 1 6 0 0 0 0 0
34.		
35.	No business written.	 1 1 1 3 6 2 0 2 3 2 9 0 0 0 0 0 0
36.	No business written.	 1 1 1 3 6 2 0 2 3 5 6 0 0 0 0 0 0
37.	No business written.	 1 1 1 3 6 2 0 2 3 5 6 5 0 0 0 0 0
38		

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

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Deferred Compensation.....			881	881
2405. Investment Banking Fees.....			37,057	37,057
2497. Summary of remaining write-ins for Line 24 from overflow page.....			37,938	37,938

OVERFLOW PAGE FOR WRITE-INS



1 1 1 3 6 2 0 2 3 5 0 5 0 0 1 0 0

DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2023
(To Be Filed by March 1)

NAIC Group Code: 0267

NAIC Company Code: 11136

Company Name: GRANGE INSURANCE COMPANY OF MICHIGAN

If the reporting entity writes any director and officer (D&O) business, please provide the following:

1. Monoline Policies

Direct Premiums		Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Written	2 Earned	3 Paid	4 Incurred	5 Paid	6 Incurred	7 Claims Made	8 Occurrence
\$.....	\$.....	\$.....	\$.....	\$.....	\$.....	%.....	%.....

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?..... NO.....

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

2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies

2.31 Amount quantified:..... \$.....

2.32 Amount estimated using reasonable assumptions:..... \$.....

2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$.....	\$.....	\$.....	\$.....	%.....	%.....


EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES

To Be Filed by March 1

NAIC Group Code: 0267

NAIC Company Code: 11136

	Direct Business Only			
	Prior Year		Current Year	
	1	2	3	4
	Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)
1. Completed operations.....				
2. Errors & omissions (E&O).....				
3. Directors & officers (D&O).....	497	450		
4. Environmental liability.....				
5. Excess workers' compensation.....	—			—
6. Commercial excess & umbrella.....	762,045	808,558		
7. Personal umbrella.....	6,079	3,751		
8. Employment liability.....	704	1,322		
9. Aggregate write-ins for facilities and premises (CGL).....	31,121	40,135		
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....				
12. Total ASL 17 - other liability (sum of lines 1 through 11).....	800,446	854,216		—
Details of Write-Ins				
0901. Commercial General Liability.....		31,121	40,135	
0902.....				
0903.....				
0998. Summary of remaining write-ins for Line 09 from overflow page.....				
0999. Summary of remaining write-ins for Line 09 from overflow page.....		31,121	40,135	
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Summary of remaining write-ins for Line 11 from overflow page.....				

**MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR**

For The Year Ended December 31, 2023

(To Be Filed By March 1)
FOR THE STATE OF Michigan

NAIC Group Code: 0267

NAIC Company Code: 11136

	1
MCAS Reportable Premium / Considerations (YES/NO)	
MCAS Line of Business	
1. Disability income.....	NO.....
2. Health.....	NO.....
3. Homeowners.....	YES.....
4. Individual annuity.....	NO.....
5. Individual life.....	NO.....
6. Lender-placed home and auto.....	NO.....
7. Long-term care.....	NO.....
8. Other health.....	NO.....
9. Private flood.....	NO.....
10. Private passenger auto.....	YES.....
11. Short-term limited duration health plans.....	NO.....
12. Travel.....	NO.....