



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

NAIC Group Code.....0267,.....0267..... NAIC Company Code.....11982..... Employer's ID Number.....42-1610213.....  
(Current) (Prior)  
Organized under the Laws of.....OH..... State of Domicile or Port of Entry.....OH.....  
Country of Domicile.....US.....  
Incorporated/Organized.....04/01/2004..... Commenced Business.....05/21/2004.....  
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 x x   
JOHN (NMN) AMMENDOLA BETH WILLIAMS MURPHY TERESA JEAN BROWN  
PRESIDENT & CEO EVP & SECRETARY 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 GEORGIA DURING THE YEAR 2023

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
		Direct Premiums Written	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 .....	17,748,072	16,612,677	-	9,121,383	17,134,967	19,125,581	5,527,321	130,478	129,121	125,119	2,040,131	924,184
5.1.	Commercial Multiple Peril (Non-Liability Portion) .....	-	-	-	-	-	-	-	-	-	-	-	-
5.2.	Commercial Multiple Peril (Liability Portion) .....	-	-	-	-	-	-	-	-	-	-	-	-
6.	Mortgage Guaranty .....	-	-	-	-	-	-	-	-	-	-	-	-
8.	Ocean Marine .....	-	-	-	-	-	-	-	-	-	-	-	-
9.	Inland Marine .....	50,070	54,494	-	25,827	4,613	(6,284)	1,833	-	(5)	326	6,317	2,607
10.	Financial Guaranty .....	-	-	-	-	-	-	-	-	-	-	-	-
11.1.	Medical Professional Liability — Occurrence .....	-	-	-	-	-	-	-	-	-	-	-	-
11.2.	Medical Professional Liability — Claims-Made .....	-	-	-	-	-	-	-	-	-	-	-	-
12.	Earthquake .....	3,251	3,310	-	2,224	-	-	-	-	-	-	395	169
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 .....	56,164	58,391	-	27,307	-	50,352	69,272	-	(326)	1,111	9,024	2,925
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 .....	2,557,326	2,638,102	-	642,894	1,507,134	670,717	2,122,557	92,297	56,553	143,663	388,706	133,166
19.3.	Commercial Auto No-Fault (Personal Injury Protection) .....	-	-	-	-	-	-	-	-	-	-	-	-
19.4.	Other Commercial Auto Liability .....	-	-	-	-	-	-	-	-	-	-	-	-
21.1.	Private Passenger Auto Physical Damage .....	1,287,614	1,310,852	-	328,686	485,182	432,205	5,666	300	433	972	195,425	67,049
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) .....	21,702,496	20,677,826	-	10,148,320	19,131,896	20,272,571	7,726,650	223,075	185,775	271,192	2,639,998	1,130,100
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 \$89,968

(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 ILLINOIS DURING THE YEAR 2023

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....												
2.1.	Allied Lines .....												
2.2.	Multiple Peril Crop .....												
2.3.	Federal Flood .....												
2.4.	Private Crop .....												
2.5.	Private Flood .....												
3.	Farmowners Multiple Peril .....												
4.	Homeowners Multiple Peril .....												
5.1.	Commercial Multiple Peril (Non-Liability Portion) .....												
5.2.	Commercial Multiple Peril (Liability Portion) .....												
6.	Mortgage Guaranty .....												
8.	Ocean Marine .....												
9.	Inland Marine .....												
10.	Financial Guaranty .....												
11.1.	Medical Professional Liability — Occurrence .....												
11.2.	Medical Professional Liability — Claims-Made .....												
12.	Earthquake .....												
13.1.	Comprehensive (hospital and medical) ind (b) .....												
13.2.	Comprehensive (hospital and medical) group (b) .....												
14.	Credit A&H (Group and Individual) .....												
15.1.	Vision Only (b) .....												
15.2.	Dental Only (b) .....												
15.3.	Disability Income (b) .....												
15.4.	Medicare Supplement (b) .....												
15.5.	Medicaid Title XIX (b) .....												
15.6.	Medicare Title XVIII (b) .....												
15.7.	Long-Term Care (b) .....												
15.8.	Federal Employees Health Benefits Plan (b) .....												
15.9.	Other Health (b) .....												
16.	Workers' Compensation .....												
17.1.	Other Liability—Occurrence .....												
17.2.	Other Liability—Claims-Made .....												
17.3.	Excess Workers' Compensation .....												
18.1.	Products Liability — Occurrence .....												
18.2.	Products Liability — Claims-Made .....												
19.1.	Private Passenger Auto No-Fault (Personal Injury Protection) .....												
19.2.	Other Private Passenger Auto Liability .....												
19.3.	Commercial Auto No-Fault (Personal Injury Protection) .....												
19.4.	Other Commercial Auto Liability .....												
21.1.	Private Passenger Auto Physical Damage .....												
21.2.	Commercial Auto Physical Damage .....												
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and Theft .....												
27.	Boiler and Machinery .....												
28.	Credit .....												
29.	International .....												
30.	Warranty .....												
31.	Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business .....												
35.	TOTAL (a) .....												
Details of Write-Ins													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....												
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....												

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

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



EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2023

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....	-	-	-	-	-	-	-	-	-	-	-	-
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 .....	35,159,986	33,312,305	-	18,416,570	32,374,967	33,761,406	10,012,487	232,405	340,485	342,380	4,516,974	609,120
5.1.	Commercial Multiple Peril (Non-Liability Portion) .....	-	-	-	-	-	-	-	-	-	-	-	-
5.2.	Commercial Multiple Peril (Liability Portion) .....	-	-	-	-	-	-	-	-	-	-	-	-
6.	Mortgage Guaranty .....	-	-	-	-	-	-	-	-	-	-	-	-
8.	Ocean Marine .....	-	-	-	-	-	-	-	-	-	-	-	-
9.	Inland Marine .....	247,092	256,273	-	123,425	69,686	69,668	8,034	137	80	1,521	34,013	4,281
10.	Financial Guaranty .....	-	-	-	-	-	-	-	-	-	-	-	-
11.1.	Medical Professional Liability – Occurrence .....	-	-	-	-	-	-	-	-	-	-	-	-
11.2.	Medical Professional Liability – Claims-Made .....	-	-	-	-	-	-	-	-	-	-	-	-
12.	Earthquake .....	148,665	154,870	-	73,357	-	-	-	-	-	-	20,069	2,576
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 .....	288,081	297,180	-	138,311	1,000,000	1,239,040	1,353,081	-	(1,754)	5,663	46,429	4,991
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) .....	35,843,823	34,020,628	-	18,751,662	33,444,652	35,070,114	11,373,601	232,542	338,812	349,564	4,617,485	620,967
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 \$119,048

(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 KENTUCKY DURING THE YEAR 2023

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
		Direct Premiums Written	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	11,370,469	10,352,360	-	5,987,782	12,381,968	12,904,455	2,319,756	94,647	105,601	106,301	1,475,070	(24,604)
5.1.	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-	-	-	-	-
5.2.	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-	-	-	-	-
6.	Mortgage Guaranty	-	-	-	-	-	-	-	-	-	-	-	-
8.	Ocean Marine	-	-	-	-	-	-	-	-	-	-	-	-
9.	Inland Marine	91,819	89,446	-	49,310	20,840	23,618	15,888	50	74	525	12,664	6,718
10.	Financial Guaranty	-	-	-	-	-	-	-	-	-	-	-	-
11.1.	Medical Professional Liability — Occurrence	-	-	-	-	-	-	-	-	-	-	-	-
11.2.	Medical Professional Liability — Claims-Made	-	-	-	-	-	-	-	-	-	-	-	-
12.	Earthquake	145,271	135,833	-	75,871	2,100	2,100	-	-	-	-	20,178	10,629
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	175,212	163,023	-	92,758	-	142,044	541,255	-	(670)	3,067	28,543	12,820
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)	1,491,442	1,423,110	-	635,733	605,659	(364,975)	(666,006)	6,386	3,321	20,751	190,894	109,128
19.2.	Other Private Passenger Auto Liability	11,394,376	10,898,296	-	4,964,868	7,909,723	5,469,016	8,269,472	371,957	288,248	1,102,641	1,463,448	(667,566)
19.3.	Commercial Auto No-Fault (Personal Injury Protection)	-	-	-	-	-	-	-	-	-	-	-	-
19.4.	Other Commercial Auto Liability	-	-	-	-	-	-	-	-	-	-	-	-
21.1.	Private Passenger Auto Physical Damage	8,671,102	8,469,654	-	3,730,096	5,198,905	4,935,402	155,972	2,209	3,662	6,000	1,110,224	634,460
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)	33,339,691	31,531,721	-	15,536,418	26,119,195	23,111,660	10,636,338	475,250	400,236	1,239,285	4,301,020	81,585
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 \$218,274

(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: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
		Direct Premiums Written	Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....	-	-	-	-	-	-	-	13	13	-	-	-
2.1.	Allied Lines .....	-	-	-	-	-	-	-	6	6	-	-	-
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 .....	44,622,919	44,548,537	-	23,586,011	35,350,969	36,845,414	12,395,594	291,688	213,284	377,874	6,834,432	752,896
5.1.	Commercial Multiple Peril (Non-Liability Portion) .....	-	-	-	-	-	-	-	-	-	-	-	-
5.2.	Commercial Multiple Peril (Liability Portion) .....	-	-	-	-	-	-	-	-	-	-	-	-
6.	Mortgage Guaranty .....	-	-	-	-	-	-	-	-	-	-	-	-
8.	Ocean Marine .....	-	-	-	-	-	-	-	-	-	-	-	-
9.	Inland Marine .....	1,283,604	1,349,259	-	639,863	440,777	433,283	120,572	12,764	11,976	8,038	201,938	21,658
10.	Financial Guaranty .....	-	-	-	-	-	-	-	-	-	-	-	-
11.1.	Medical Professional Liability — Occurrence .....	-	-	-	-	-	-	-	-	-	-	-	-
11.2.	Medical Professional Liability — Claims-Made .....	-	-	-	-	-	-	-	-	-	-	-	-
12.	Earthquake .....	263,916	266,818	-	134,398	-	-	-	89	89	-	41,082	4,453
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 .....	881,714	935,104	-	436,965	-	784,878	1,117,647	-	(7,351)	17,925	138,963	14,877
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 .....	17,089,437	17,393,971	-	4,147,326	9,492,238	9,341,838	10,279,879	307,907	298,861	894,149	2,661,072	288,340
19.3.	Commercial Auto No-Fault (Personal Injury Protection) .....	-	-	-	-	-	-	-	-	-	-	-	-
19.4.	Other Commercial Auto Liability .....	-	-	-	-	-	-	-	-	-	-	-	-
21.1.	Private Passenger Auto Physical Damage .....	18,574,733	18,366,964	-	4,680,280	10,507,080	9,899,330	164,091	234	1,820	12,513	2,892,798	313,400
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) .....	82,716,323	82,860,654	-	33,624,843	55,791,064	57,304,742	24,077,782	612,702	518,698	1,310,499	12,770,285	1,395,623
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 \$808,252

(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 TENNESSEE DURING THE YEAR 2023

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....												
2.1.	Allied Lines .....												
2.2.	Multiple Peril Crop .....												
2.3.	Federal Flood .....												
2.4.	Private Crop .....												
2.5.	Private Flood .....												
3.	Farmowners Multiple Peril .....												
4.	Homeowners Multiple Peril .....												
5.1.	Commercial Multiple Peril (Non-Liability Portion) .....												
5.2.	Commercial Multiple Peril (Liability Portion) .....												
6.	Mortgage Guaranty .....												
8.	Ocean Marine .....												
9.	Inland Marine .....												
10.	Financial Guaranty .....												
11.1.	Medical Professional Liability — Occurrence .....												
11.2.	Medical Professional Liability — Claims-Made .....												
12.	Earthquake .....												
13.1.	Comprehensive (hospital and medical) ind (b) .....												
13.2.	Comprehensive (hospital and medical) group (b) .....												
14.	Credit A&H (Group and Individual) .....												
15.1.	Vision Only (b) .....												
15.2.	Dental Only (b) .....												
15.3.	Disability Income (b) .....												
15.4.	Medicare Supplement (b) .....												
15.5.	Medicaid Title XIX (b) .....												
15.6.	Medicare Title XVIII (b) .....												
15.7.	Long-Term Care (b) .....												
15.8.	Federal Employees Health Benefits Plan (b) .....												
15.9.	Other Health (b) .....												
16.	Workers' Compensation .....												
17.1.	Other Liability—Occurrence .....												
17.2.	Other Liability—Claims-Made .....												
17.3.	Excess Workers' Compensation .....												
18.1.	Products Liability — Occurrence .....												
18.2.	Products Liability — Claims-Made .....												
19.1.	Private Passenger Auto No-Fault (Personal Injury Protection) .....												
19.2.	Other Private Passenger Auto Liability .....												
19.3.	Commercial Auto No-Fault (Personal Injury Protection) .....												
19.4.	Other Commercial Auto Liability .....												
21.1.	Private Passenger Auto Physical Damage .....												
21.2.	Commercial Auto Physical Damage .....												
22.	Aircraft (all perils) .....												
23.	Fidelity .....												
24.	Surety .....												
26.	Burglary and Theft .....												
27.	Boiler and Machinery .....												
28.	Credit .....												
29.	International .....												
30.	Warranty .....												
31.	Reins nonproportional assumed property .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32.	Reins nonproportional assumed liability .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33.	Reins nonproportional assumed financial lines .....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34.	Aggregate Write-Ins for Other Lines of Business .....												
35.	TOTAL (a) .....												
Details of Write-Ins													
3401.	.....												
3402.	.....												
3403.	.....												
3498.	Summary of remaining write-ins for Line 34 from overflow page .....												
3499.	Totals (Lines 3401 through 3403 plus 3498) (Line 34 above) .....												

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

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2023

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1.	Fire .....	-	-	-	-	-	-	-	-	-	-	-	-
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) .....	5,361	3,982	-	2,647	5,000	6,050	581	-	220	242	502	245
19.4.	Other Commercial Auto Liability .....	2,649,979	2,340,124	-	1,356,011	735,395	1,517,821	2,950,200	45,070	(41,257)	365,012	248,998	121,075
21.1.	Private Passenger Auto Physical Damage .....	-	-	-	-	-	-	-	-	-	-	-	-
21.2.	Commercial Auto Physical Damage .....	529,340	506,134	-	260,840	404,489	405,955	(7,658)	12,545	13,647	1,920	48,177	24,185
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) .....	3,184,680	2,850,240	-	1,619,498	1,144,884	1,929,826	2,943,123	57,615	(27,390)	367,174	297,677	145,505
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 \$17,262

(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

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business		Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
		1	2										
1.	Fire	-	-	-	-	-	-	-	13	13	-	-	-
2.1.	Allied Lines	-	-	-	-	-	-	-	6	6	-	-	-
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	108,901,447	104,825,879	-	57,111,745	97,242,871	102,636,856	30,255,158	749,220	788,490	951,674	14,866,606	2,261,595
5.1.	Commercial Multiple Peril (Non-Liability Portion)	-	-	-	-	-	-	-	-	-	-	-	-
5.2.	Commercial Multiple Peril (Liability Portion)	-	-	-	-	-	-	-	-	-	-	-	-
6.	Mortgage Guaranty	-	-	-	-	-	-	-	-	-	-	-	-
8.	Ocean Marine	-	-	-	-	-	-	-	-	-	-	-	-
9.	Inland Marine	1,672,585	1,749,472	-	838,425	535,916	520,285	146,327	12,951	12,126	10,411	254,932	35,264
10.	Financial Guaranty	-	-	-	-	-	-	-	-	-	-	-	-
11.1.	Medical Professional Liability — Occurrence	-	-	-	-	-	-	-	-	-	-	-	-
11.2.	Medical Professional Liability — Claims-Made	-	-	-	-	-	-	-	-	-	-	-	-
12.	Earthquake	561,102	560,831	-	285,849	2,100	2,100	-	89	89	-	81,724	17,827
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	1,401,171	1,453,698	-	695,341	1,000,000	2,216,314	3,081,255	-	(10,101)	27,766	222,959	35,612
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)	1,491,442	1,423,110	-	635,733	605,659	(364,975)	(666,006)	6,386	3,321	20,751	190,894	109,128
19.2.	Other Private Passenger Auto Liability	31,041,138	30,930,369	-	9,755,088	18,909,095	15,481,571	20,671,909	772,162	643,661	2,140,454	4,513,226	(246,061)
19.3.	Commercial Auto No-Fault (Personal Injury Protection)	5,361	3,982	-	2,647	5,000	6,050	581	-	220	242	502	245
19.4.	Other Commercial Auto Liability	2,649,979	2,340,124	-	1,356,011	735,395	1,517,821	2,950,200	45,070	(41,257)	365,012	248,998	121,075
21.1.	Private Passenger Auto Physical Damage	28,533,448	28,147,470	-	8,739,061	16,191,166	15,266,937	325,730	2,743	5,915	19,485	4,198,447	1,014,909
21.2.	Commercial Auto Physical Damage	529,340	506,134	-	260,840	404,489	405,955	(7,658)	12,545	13,647	1,920	48,177	24,185
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)	176,787,014	171,941,068	-	79,680,741	135,631,691	137,688,914	56,757,495	1,601,184	1,416,130	3,537,714	24,626,465	3,373,780
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 \$1,252,804

(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 .

SCHEDULE F - PART 1

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

1	2	3	4	5	Reinsurance On			9	10	11	12	13	14	15
					6	7	8							
ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	Paid Losses and Loss Adjustment Expenses	Known Case Losses and LAE	Cols. 6 + 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities														
AA-9991222	00000	OHIO FAIR PLAN	OH	138		10	10			5				
1099999 – Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities				138		10	10			5				
1299999 – Total Pools and Associations				138		10	10			5				
9999999 – Totals				138		10	10			5				

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effectuated or (Canceled) During Current Year

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

NONE

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

1	2	3	4	5	6	Reinsurance Recoverable On									16	Reinsurance Payable		19	20
						7	8	9	10	11	12	13	14	15		17	18		
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers		
Total Authorized, Affiliates, U.S. Intercompany Pooling																			
31-4192970	14060	GRANGE INS CO	OH		172,230			31,521		24,158		79,368		135,047				135,047	
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling					172,230			31,521		24,158		79,368		135,047				135,047	
0499999 – Total Authorized, Affiliates, U.S. Non-Pool, Total																			
0899999 – Total Authorized, Affiliates, Total Authorized - Affiliates					172,230			31,521		24,158		79,368		135,047				135,047	
Total Authorized, Other U.S. Unaffiliated Insurers																			
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		603	–		–		–		310		310		–		310	
51-0434766	20370	AXIS REINS CO	NY		138	–		35		7		–		42		–		42	
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		57	–		14		3		–		17		–		17	
13-1675535	25364	SWISS REINS AMER CORP	NY		670	–		142		13		–		156		–		156	
42-0644327	13021	UNITED FIRE & CAS CO	IA		36	–		–		–		–		–		–		–	
22-2005057	26921	EVEREST REINS CO	DE		101	–		14		3		–		17		–		17	
87-2252307	22225	TRISURA INS CO	OK		67	–		–		–		–		–		–		–	
13-4924125	10227	MUNICH REINS AMER INC	DE		143	–		69		11		–		80		–		80	
13-3138390	42307	NAVIGATORS INS CO	NY		116	–		54		10		–		64		–		64	
23-1641984	10219	QBE REINS CORP	PA		67	–		–		–		–		–		–		–	
13-5616275	19453	TRANSATLANTIC REINS CO	NY		166	–		69		13		–		82		–		82	
04-1543470	23043	LIBERTY MUT INS CO	MA		38	–		–		–		–		–		–		–	
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers					2,202	–		397		59		310		767		–		767	
Total Authorized, Pools, Mandatory Pools																			
AA-9991500	00000	ILLINOIS MINE SUBSIDENCE FUND	IL		–							1		1				1	
AA-9991501	00000	INDIANA MINE SUBSIDENCE FUND	IN		3							1		1				1	
AA-9991502	00000	KENTUCKY MINE SUBSIDENCE FUND	KY		2							5		5				5	
AA-9991503	00000	OHIO MINE SUBSIDENCE FUND	OH		10							–		–				–	
1099999 – Total Authorized, Pools, Mandatory Pools					15							7		7				7	
Total Authorized, Other Non-U.S. Insurers																			
AA-1128987	00000	Lloyd's Syndicate Number 2987	GBR		56	–		21		4		–		25		–		25	
AA-1126033	00000	Lloyd's Syndicate Number 33	GBR		70	–		27		5		–		31		–		31	
AA-1126435	00000	Lloyd's Syndicate Number 435	GBR		9	–		5		1		–		5		–		5	
AA-1126510	00000	Lloyd's Syndicate Number 510	GBR		–	–		1		–		–		1		–		1	
AA-1126623	00000	Lloyd's Syndicate Number 623	GBR		15	–		–		–		–		–		–		–	
AA-1127084	00000	Lloyd's Syndicate Number 1084	GBR		165	–		5		1		–		6		–		6	
AA-1120156	00000	Lloyd's Syndicate Number 1686	GBR		33	–		–		–		–		–		–		–	
AA-1120157	00000	Lloyd's Syndicate Number 1729	GBR		9	–		–		–		–		–		–		–	
AA-1120171	00000	Lloyd's Syndicate Number 1856	GBR		26	–		8		1		–		9		–		9	
AA-1128001	00000	Lloyd's Syndicate Number 2001	GBR		37	–		9		1		–		10		–		10	
AA-1128003	00000	Lloyd's Syndicate Number 2003	GBR		27	–		10		2		–		12		–		12	
AA-1128010	00000	Lloyd's Syndicate Number 2010	GBR		49	–		–		–		–		–		–		–	
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		8	–		–		–		–		–		–		–	
AA-1128623	00000	Lloyd's Syndicate Number 2623	GBR		69	–		–		–		–		–		–		–	
AA-1128791	00000	Lloyd's Syndicate Number 2791	GBR		30	–		–		–		–		–		–		–	
AA-1126004	00000	Lloyd's Syndicate Number 4444	GBR		70	–		–		–		–		–		–		–	
AA-3194130	00000	Endurance Specialty Ins Ltd.	BMU		125	–		42		8		–		50		–		50	
AA-1840000	00000	Mapfre Re Compania de Reaseguros SA	ESP		190	–		14		3		–		17		–		17	
AA-3190686	00000	Partner Reins Co Ltd.	BMU		54	–		2		–		–		2		–		2	
AA-3190870	00000	Validus Reins Ltd	BMU		82	–		1		–		–		1		–		1	
AA-1340125	00000	Hannover Rueck SE	DEU		49	–		52		1		–		54		–		54	
1299999 – Total Authorized, Other Non-U.S. Insurers					1,172	–		195		26		–		222		–		222	
1499999 – Total Authorized Excluding Protected Cells					175,619	–		32,113		24,244		79,686		136,043		–		136,043	
Total Unauthorized, Other Non-U.S. Insurers																			

SCHEDULE F - PART 3

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

1	2	3	4	5	6	Reinsurance Recoverable On								16	Reinsurance Payable		19	20	
						7	8	9	10	11	12	13	14		15	17			18
ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Special Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Cols. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers		
AA-1120191	00000	Convex Ins UK Ltd	GBR		—	—		64		12		—		76		—		76	
AA-3191190	00000	Hamilton Re Ltd	BMU		43	—		1		—		—		1		—		1	
AA-1780116	00000	Chaucer Ins Co Designated Activity Co	IRL		15	—		—		—		—		—		—		—	
AA-1340028	00000	Devk Ruckversicherungs und Beteiligungs AG	DEU		30	—		—		—		—		—		—		—	
AA-3191437	00000	Group Ark Ins Ltd	BMU		42	—		—		—		—		—		—		—	
AA-5420050	00000	KOREAN REINS CO	KOR		127	—		15		3		—		18		—		18	
AA-1440060	00000	LANSFORSAKRINGS BOLAG ENS AB	SWE		32	—		—		—		—		—		—		—	
AA-3194122	00000	DaVinci Reins Ltd	BMU		10	—		—		—		—		—		—		—	
AA-1460019	00000	MS Amlin AG	CHE		44	—		7		1		—		8		—		8	
AA-1440076	00000	SiriusPoint Intl Ins Corp (publ)	SWE		35	—		8		1		—		10		—		10	
AA-5324100	00000	Taiping Reins Co Ltd	HKG		64	—		13		2		—		15		—		15	
AA-3191432	00000	Vantage Risk Ltd	BMU		55	—		—		—		—		—		—		—	
2699999 – Total Unauthorized, Other Non-U.S. Insurers					499	—		108		19		—		128		—		128	
2899999 – Total Unauthorized Excluding Protected Cells					499	—		108		19		—		128		—		128	
Total Certified, Other Non-U.S. Insurers																			
CR-3194126	00000	Arch Reins Ltd	BMU		308	—		154		29		—		183		—		183	
CR-3190770	00000	Chubb Tempest Reins Ltd	BMU		—	—		17		—		—		17		—		17	
CR-3191289	00000	Fidelis Ins Bermuda Ltd	BMU		188	—		15		3		—		17		—		17	
CR-1120175	00000	Fidelis Underwriting Ltd	GBR		233	—		28		5		—		33		—		33	
CR-3190875	00000	Hiscox Ins Co (Bermuda) Ltd	BMU		79	—		33		5		—		38		—		38	
4099999 – Total Certified, Other Non-U.S. Insurers					807	—		247		43		—		290		—		290	
4299999 – Total Certified Excluding Protected Cells					807	—		247		43		—		290		—		290	
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					176,925	—		32,469		24,306		79,686		136,460		—		136,460	
9999999 – Totals					176,925	—		32,469		24,306		79,686		136,460		—		136,460	

Annual Statement for the Year 2023 of the GRANGE PROPERTY & CASUALTY INSURANCE COMPANY																	
SCHEDULE F - PART 3 (CONTINUED)																	
Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)																	
(Credit Risk)																	
1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 – 27)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 – 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
Total Authorized, Affiliates, U.S. Intercompany Pooling																	
31-4192970	GRANGE INS CO						135,047	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling				XXX			135,047	–	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			135,047	–							XXX		
Total Authorized, Other U.S. Unaffiliated Insurers																	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO					–	310	–	310	372	–	372		372	1		6
51-0434766	AXIS REINS CO					–	42	–	42	50	–	50		50	3		1
42-0234980	EMPLOYERS MUT CAS CO					–	17	–	17	20	–	20		20	4		1
13-1675535	SWISS REINS AMER CORP					–	156	–	156	187	–	187		187	2		4
42-0644327	UNITED FIRE & CAS CO					–	–	–	–	–	–	–		–	4		–
22-2005057	EVEREST REINS CO					–	17	–	17	20	–	20		20	2		–
87-2252307	TRISURA INS CO					–	–	–	–	–	–	–		–	4		–
13-4924125	MUNICH REINS AMER INC					–	80	–	80	96	–	96		96	2		2
13-3138390	NAVIGATORS INS CO					–	64	–	64	77	–	77		77	3		2
23-1641984	QBE REINS CORP					–	–	–	–	–	–	–		–	2		–
13-5616275	TRANSATLANTIC REINS CO					–	82	–	82	98	–	98		98	2		2
04-1543470	LIBERTY MUT INS CO					–	–	–	–	–	–	–		–	3		–
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers				XXX		–	767	–	767	920	–	920		920	XXX		19
Total Authorized, Pools, Mandatory Pools																	
AA-9991500	ILLINOIS MINE SUBSIDENCE FUND						1	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991501	INDIANA MINE SUBSIDENCE FUND						1	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND						5	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991503	OHIO MINE SUBSIDENCE FUND					–	–	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999 – Total Authorized, Pools, Mandatory Pools				XXX		–	7	–	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Authorized, Other Non-U.S. Insurers																	
AA-1128987	Lloyd's Syndicate Number 2987					–	25	–	25	30	–	30		30	3		1
AA-1126033	Lloyd's Syndicate Number 33					–	31	–	31	38	–	38		38	3		1
AA-1126435	Lloyd's Syndicate Number 435					–	5	–	5	6	–	6		6	3		–
AA-1126510	Lloyd's Syndicate Number 510					–	1	–	1	1	–	1		1	3		–
AA-1126623	Lloyd's Syndicate Number 623					–	–	–	–	–	–	–		–	3		–
AA-1127084	Lloyd's Syndicate Number 1084					–	6	–	6	7	–	7		7	3		–
AA-1120156	Lloyd's Syndicate Number 1686					–	–	–	–	–	–	–		–	3		–
AA-1120157	Lloyd's Syndicate Number 1729					–	–	–	–	–	–	–		–	3		–
AA-1120171	Lloyd's Syndicate Number 1856					–	9	–	9	11	–	11		11	3		–
AA-1128001	Lloyd's Syndicate Number 2001					–	10	–	10	12	–	12		12	3		–
AA-1128003	Lloyd's Syndicate Number 2003					–	12	–	12	14	–	14		14	3		–
AA-1128010	Lloyd's Syndicate Number 2010					–	–	–	–	–	–	–		–	3		–
AA-1128623	Lloyd's Syndicate Number 2623					–	–	–	–	–	–	–		–	3		–
AA-1128623	Lloyd's Syndicate Number 2623					–	–	–	–	–	–	–		–	3		–
AA-1128791	Lloyd's Syndicate Number 2791					–	–	–	–	–	–	–		–	3		–

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 – 27)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 – 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1126004.....	Lloyd's Syndicate Number 4444.....	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
AA-3194130.....	Endurance Specialty Ins Ltd.....	—	—	—	—	—	50	—	50	60	—	60	60	60	2	—	1
AA-1840000.....	Mapfre Re Compania de Reaseguros SA.....	—	—	—	—	—	17	—	17	20	—	20	20	20	2	—	—
AA-3190686.....	Partner Reins Co Ltd.....	—	—	—	—	—	2	—	2	2	—	2	2	2	2	—	—
AA-3190870.....	Validus Reins Ltd.....	—	—	—	—	—	1	—	1	1	—	1	1	1	3	—	—
AA-1340125.....	Hannover Rueck SE.....	—	—	—	—	—	54	—	54	65	—	65	65	65	3	—	2
1299999 – Total Authorized, Other Non-U.S. Insurers.....		—	—	XXX	—	—	222	—	222	266	—	266	—	266	XXX	—	7
1499999 – Total Authorized Excluding Protected Cells.....		—	—	XXX	—	—	136,043	—	988	1,186	—	1,186	—	1,186	XXX	—	25
Total Unauthorized, Other Non-U.S. Insurers																	
AA-1120191.....	Convex Ins UK Ltd.....	—	76	0001	—	76	—	—	76	91	—	91	76	15	3	2	—
AA-3191190.....	Hamilton Re Ltd.....	—	1	0002	—	1	—	—	1	1	—	1	1	—	4	—	—
AA-1780116.....	Chaucer Ins Co Designated Activity Co.....	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
AA-1340028.....	Devk Ruckversicherungs und Beteiligungs AG.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
AA-3191437.....	Group Ark Ins Ltd.....	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
AA-5420050.....	KOREAN REINS CO.....	—	18	0003	—	18	—	—	18	21	—	21	18	4	3	—	—
AA-1440060.....	LANSFORSAKRINGS BOLAG ENS AB.....	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—
AA-3194122.....	DaVinci Reins Ltd.....	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
AA-1460019.....	MS Amlin AG.....	—	8	0004	—	8	—	—	8	10	—	10	8	2	3	—	—
AA-1440076.....	SiriusPoint Intl Ins Corp (publ).....	—	—	—	10	10	—	—	10	12	—	12	10	2	4	—	—
AA-5324100.....	Taiping Reins Co Ltd.....	—	15	0005	—	15	—	—	15	18	—	18	15	3	3	—	—
AA-3191432.....	Vantage Risk Ltd.....	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	—
2699999 – Total Unauthorized, Other Non-U.S. Insurers.....		—	118	XXX	10	128	—	—	128	153	—	153	128	26	XXX	4	1
2899999 – Total Unauthorized Excluding Protected Cells.....		—	118	XXX	10	128	—	—	128	153	—	153	128	26	XXX	4	1
Total Certified, Other Non-U.S. Insurers																	
CR-3194126.....	Arch Reins Ltd.....	—	—	—	183	183	—	—	183	220	—	220	183	37	2	4	1
CR-3190770.....	Chubb Tempest Reins Ltd.....	—	17	0006	—	17	—	—	17	21	—	21	17	3	2	—	—
CR-3191289.....	Fidelis Ins Bermuda Ltd.....	—	17	0007	—	17	—	—	17	21	—	21	17	3	3	—	—
CR-1120175.....	Fidelis Underwriting Ltd.....	—	33	0008	—	33	—	—	33	40	—	40	33	7	3	1	—
CR-3190875.....	Hiscox Ins Co (Bermuda) Ltd.....	—	38	0009	—	38	—	—	38	46	—	46	38	8	2	1	—
4099999 – Total Certified, Other Non-U.S. Insurers.....		—	106	XXX	183	290	—	—	290	348	—	348	290	58	XXX	6	1
4299999 – Total Certified Excluding Protected Cells.....		—	106	XXX	183	290	—	—	290	348	—	348	290	58	XXX	6	1
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells.....		—	224	XXX	193	417	136,043	—	1,405	1,686	—	1,686	417	1,269	XXX	10	27
9999999 – Totals.....		—	224	XXX	193	417	136,043	—	1,405	1,686	—	1,686	417	1,269	XXX	10	27

Annual Statement for the Year 2023 of the GRANGE PROPERTY & CASUALTY INSURANCE COMPANY																		
SCHEDULE F - PART 3 (CONTINUED)																		
Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)																		
(Aging of Ceded Reinsurance)																		
1	2	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	38	39	40	41	42	43										
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Overdue Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43 – 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 – 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
Total Authorized, Affiliates, U.S. Intercompany Pooling																		
31-4192970	GRANGE INS CO											–				–	YES	–
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling												–		–	–	–	XXX	–
0499999 – Total Authorized, Affiliates, U.S. Non-Pool, Total														–	–	–	XXX	
Total Authorized, Other U.S. Unaffiliated Insurers																		
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	–						–			–	–				–	YES	–
51-0434766	AXIS REINS CO	–						–			–	–				–	YES	–
42-0234980	EMPLOYERS MUT CAS CO	–						–			–	–				–	YES	–
13-1675535	SWISS REINS AMER CORP	–						–			–	–				–	YES	–
42-0644327	UNITED FIRE & CAS CO	–						–			–	–				–	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		–						–			–	–		–	–	–	XXX	–
Total Authorized, Pools, Mandatory Pools																		
AA-9991500	ILLINOIS MINE SUBSIDENCE FUND											–				–	YES	–
AA-9991501	INDIANA MINE SUBSIDENCE FUND											–				–	YES	–
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND											–				–	YES	–
AA-9991503	OHIO MINE SUBSIDENCE FUND											–				–	YES	–
1099999 – Total Authorized, Pools, Mandatory Pools												–		–	–	–	XXX	–
Total Authorized, Other Non-U.S. Insurers																		
AA-1128987	Lloyd's Syndicate Number 2987	–						–			–	–				–	YES	–
AA-1126033	Lloyd's Syndicate Number 33	–						–			–	–				–	YES	–
AA-1126435	Lloyd's Syndicate Number 435	–						–			–	–				–	YES	–
AA-1126510	Lloyd's Syndicate Number 510	–						–			–	–				–	YES	–
AA-1126623	Lloyd's Syndicate Number 623	–						–			–	–				–	YES	–
AA-1127084	Lloyd's Syndicate Number 1084	–						–			–	–				–	YES	–
AA-1120156	Lloyd's Syndicate Number 1686	–						–			–	–				–	YES	–
AA-1120157	Lloyd's Syndicate Number 1729	–						–			–	–				–	YES	–
AA-1120171	Lloyd's Syndicate Number 1856	–						–			–	–				–	YES	–
AA-1128001	Lloyd's Syndicate Number 2001	–						–			–	–				–	YES	–
AA-1128003	Lloyd's Syndicate Number 2003	–						–			–	–				–	YES	–
AA-1128010	Lloyd's Syndicate Number 2010	–						–			–	–				–	YES	–
AA-1128623	Lloyd's Syndicate Number 2623	–						–			–	–				–	YES	–
AA-1128623	Lloyd's Syndicate Number 2623	–						–			–	–				–	YES	–
AA-1128791	Lloyd's Syndicate Number 2791	–						–			–	–				–	YES	–
AA-1126004	Lloyd's Syndicate Number 4444	–						–			–	–				–	YES	–
AA-3194130	Endurance Specialty Ins Ltd	–						–			–	–				–	YES	–
AA-1840000	Mapfre Re Compania de Reaseguros SA	–						–			–	–				–	YES	–
AA-3190686	Partner Reins Co Ltd	–						–			–	–				–	YES	–





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

1	2	Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
														66	67	68	
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ((Col. 20 + Col. 21 + Col. 22 + Col.24) / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 +(Col. 58 * Col. 61))	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col.24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
Total Authorized, Affiliates, U.S. Intercompany Pooling																	
31-192970	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		XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	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
42-0234980	EMPLOYERS MUT CAS 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
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		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Authorized, Pools, Mandatory Pools																	
AA-9991500	ILLINOIS MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991501	INDIANA MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991503	OHIO MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999 – Total Authorized, Pools, Mandatory Pools		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
Total Authorized, Other Non-U.S. Insurers																	
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126033	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126435	Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126510	Lloyd's Syndicate Number 510	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	Lloyd's Syndicate Number 623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1127084	Lloyd's Syndicate Number 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120156	Lloyd's Syndicate Number 1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120157	Lloyd's Syndicate Number 1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120171	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128003	Lloyd's Syndicate Number 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128010	Lloyd's Syndicate Number 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128791	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126004	Lloyd's Syndicate Number 4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194130	Endurance Specialty Ins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0			69
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col.24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 +[Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col.24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)
ID Number From Col. 1	Name of Reinsurer From Col. 3																
AA-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
AA-3191190.....	Hamilton Re Ltd.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1780116.....	Chaucer Ins Co Designated Activity Co.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340028.....	Devk Ruckversicherungs und Beteiligungs AG.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3191437.....	Group Ark Ins Ltd.....	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-1440060.....	LANSFORSAKRINGS BOLAG ENS AB.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-3194122.....	DaVinci Reins Ltd.....	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		183	37	100.000	100.000		183	–	–	–	–	–	–
CR-3190770.....	Chubb Tempest Reins Ltd.....	2	11/19/2020	10.000		17	2	100.000	100.000		17	–	–	–	–	–	–
CR-3191289.....	Fidelis Ins Bermuda Ltd.....	4	12/07/2021	50.000		17	9	100.000	100.000		17	–	–	–	–	–	–
CR-1120175.....	Fidelis Underwriting Ltd.....	4	01/10/2022	50.000		33	17	100.000	100.000		33	–	–	–	–	–	–
CR-3190875.....	Hiscox Ins Co (Bermuda) Ltd.....	3	08/04/2021	20.000		38	8	100.000	100.000		38	–	–	–	–	–	–
4099999 – Total Certified, Other Non-U.S. Insurers.....		XXX	XXX	XXX		290	71	XXX	XXX		290	–	–	–	–	–	–
4299999 – Total Certified Excluding Protected Cells.....		XXX	XXX	XXX		290	71	XXX	XXX		290	–	–	–	–	–	–
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells.....		XXX	XXX	XXX		290	71	XXX	XXX		290	–	–	–	–	–	–
9999999 – Totals.....		XXX	XXX	XXX		290	71	XXX	XXX		290	–	–	–	–	–	–

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73	74	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Total Authorized, Affiliates, U.S. Intercompany Pooling										
31-4192970	GRANGE INS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling		-	XXX	XXX	-	-	-	XXX	XXX	-
Total Authorized, Other U.S. Unaffiliated Insurers										
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
51-0434766	AXIS REINS CO	-	XXX	XXX	-	-	-	XXX	XXX	-
42-0234980	EMPLOYERS MUT CAS 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	-
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		-	XXX	XXX	-	-	-	XXX	XXX	-
Total Authorized, Pools, Mandatory Pools										
AA-9991500	ILLINOIS MINE SUBSIDENCE FUND	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-9991501	INDIANA MINE SUBSIDENCE FUND	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-9991503	OHIO MINE SUBSIDENCE FUND	-	XXX	XXX	-	-	-	XXX	XXX	-
1099999 – Total Authorized, Pools, Mandatory Pools		-	XXX	XXX	-	-	-	XXX	XXX	-
Total Authorized, Other Non-U.S. Insurers										
AA-1128987	Lloyd's Syndicate Number 2987	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126033	Lloyd's Syndicate Number 33	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126435	Lloyd's Syndicate Number 435	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126510	Lloyd's Syndicate Number 510	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126623	Lloyd's Syndicate Number 623	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1127084	Lloyd's Syndicate Number 1084	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1120156	Lloyd's Syndicate Number 1686	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1120157	Lloyd's Syndicate Number 1729	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1120171	Lloyd's Syndicate Number 1856	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128001	Lloyd's Syndicate Number 2001	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128003	Lloyd's Syndicate Number 2003	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128010	Lloyd's Syndicate Number 2010	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128791	Lloyd's Syndicate Number 2791	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126004	Lloyd's Syndicate Number 4444	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-3194130	Endurance Specialty Ins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1840000	Mapfre Re Compania de Reaseguros SA	-	XXX	XXX	-	-	-	XXX	XXX	-

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

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71	72	73	74	75	76	77	78
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	Complete if Col. 52 = "Yes"; Otherwise Enter 0  20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Complete if Col. 52 = "No"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-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.....	-
AA-3191190.....	Hamilton Re Ltd.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-1780116.....	Chaucer Ins Co Designated Activity Co.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-1340028.....	Devk Ruckversicherungs und Beteiligungs AG.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-3191437.....	Group Ark Ins Ltd.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-5420050.....	KOREAN REINS CO.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-1440060.....	LANSFORSAKRINGS BOLAG ENS AB.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-3194122.....	DaVinci Reins Ltd.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-1460019.....	MS Amlin AG.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-1440076.....	SiriusPoint Intl Ins Corp (publ).....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-5324100.....	Taiping Reins Co Ltd.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
AA-3191432.....	Vantage Risk Ltd.....	-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
2699999 – Total Unauthorized, Other Non-U.S. Insurers.....		-	-	-	XXX.....	XXX.....	XXX.....	-	XXX.....	-
Total Certified, Other Non-U.S. Insurers										
CR-3194126.....	Arch Reins Ltd.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	-	-
CR-3190770.....	Chubb Tempest Reins Ltd.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	-	-
CR-3191289.....	Fidelis Ins Bermuda Ltd.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	-	-
CR-1120175.....	Fidelis Underwriting Ltd.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	-	-
CR-3190875.....	Hiscox Ins Co (Bermuda) Ltd.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	-	-
4099999 – Total Certified, Other Non-U.S. Insurers.....		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	2	3	4	5
Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0001.....	1.....	021000089.....	Citibank Europe.....	76.....
0002.....	1.....	073000228.....	Wells Fargo.....	1.....
0003.....	1.....	026004226.....	Societe Generale.....	18.....
0004.....	1.....	026002574.....	Barclays.....	8.....
0005.....	1.....	021000089.....	Citibank Europe.....	15.....
0006.....	1.....	021000089.....	Citibank Europe.....	17.....
0007.....	1.....	021000089.....	Citibank London.....	17.....
0008.....	1.....	981390502.....	Lloyds Corporate Markets.....	33.....
0009.....	1.....	026008044.....	Commerzbank.....	38.....
9999999 – Totals.....				223.....

SCHEDULE F - PART 5  
Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1	2	3
	Name of Reinsurer	Commission Rate	Ceded Premium
1. ....	GRANGE INS CO.....		172,230
2. ....	SWISS REINS AMER CORP.....		669
3. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....		603
4. ....	Arch Reins Ltd.....		308
5. ....	Fidelis Underwriting Ltd.....		233

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

	1	2	3	4
	Name of Reinsurer	Total Recoverables	Ceded Premiums	Affiliated
6. ....	GRANGE INS CO.....	135,047	172,230	YES
7. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....	310	603	NO
8. ....	Arch Reins Ltd.....	183	308	NO
9. ....	SWISS REINS AMER CORP.....	156	669	NO
10.....	TRANSATLANTIC REINS CO.....	82	166	NO

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

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12) .....	50,620,046		50,620,046
2. Premiums and considerations (Line 15) .....			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1) .....		—	—
4. Funds held by or deposited with reinsured companies (Line 16.2) .....			
5. Other assets .....	473,740		473,740
6. Net amount recoverable from reinsurers .....			
7. Protected cell assets (Line 27) .....		141,885,271	141,885,271
8. Totals (Line 28) .....	51,093,786	141,885,271	192,979,057
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3) .....	—	62,207,162	62,207,162
10. Taxes, expenses, and other obligations (Lines 4 through 8) .....	242,270		242,270
11. Unearned premiums (Line 9) .....	—	79,678,109	79,678,109
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 .....	806,238		806,238
19. Total liabilities excluding protected cell business (Line 26) .....	1,048,508	141,885,271	142,933,779
20. Protected cell liabilities (Line 27) .....			
21. Surplus as regards policyholders (Line 37) .....	50,045,278	XXX	50,045,278
22. Totals (Line 38) .....	51,093,786	141,885,271	192,979,057

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



(30) Schedule H - Part 1

**NONE**

(30) Write-Ins for Line 11 - Deductions

**NONE**

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

**NONE**

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

**NONE**

(31) Schedule H - Part 4 - Reinsurance

**NONE**

(32) Schedule H - Part 5

**NONE**

(35) Schedule P - Part 1A - Columns 1 to 12  
**NONE**

(35) Schedule P - Part 1A - Columns 13 to 25  
**NONE**

(35) Schedule P - Part 1A - Columns 26 to 36  
**NONE**

(36) Schedule P - Part 1B - Columns 1 to 12  
**NONE**

(36) Schedule P - Part 1B - Columns 13 to 25  
**NONE**

(36) Schedule P - Part 1B - Columns 26 to 36  
**NONE**

(37) Schedule P - Part 1C - Columns 1 to 12  
**NONE**

(37) Schedule P - Part 1C - Columns 13 to 25  
**NONE**

(37) Schedule P - Part 1C - Columns 26 to 36  
**NONE**

(38) Schedule P - Part 1D - Columns 1 to 12  
**NONE**

(38) Schedule P - Part 1D - Columns 13 to 25  
**NONE**

(38) Schedule P - Part 1D - Columns 26 to 36  
**NONE**

(39) Schedule P - Part 1E - Columns 1 to 12  
**NONE**

(39) Schedule P - Part 1E - Columns 13 to 25  
**NONE**

(39) Schedule P - Part 1E - Columns 26 to 36  
**NONE**

(40) Schedule P - Part 1F - Section 1 - Columns 1 to 12  
**NONE**

(40) Schedule P - Part 1F - Section 1 - Columns 13 to 25  
**NONE**

(40) Schedule P - Part 1F - Section 1 - Columns 26 to 36  
**NONE**

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(51) Schedule P - Part 1O - Columns 26 to 36

NONE

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

NONE

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

NONE

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

NONE

(53) Schedule P - Part 1R - Section 1 - Columns 1 to 12  
**NONE**

(53) Schedule P - Part 1R - Section 1 - Columns 13 to 25  
**NONE**

(53) Schedule P - Part 1R - Section 1 - Columns 26 to 36  
**NONE**

(54) Schedule P - Part 1R - Section 2 - Columns 1 to 12  
**NONE**

(54) Schedule P - Part 1R - Section 2 - Columns 13 to 25  
**NONE**

(54) Schedule P - Part 1R - Section 2 - Columns 26 to 36  
**NONE**

(55) Schedule P - Part 1S - Columns 1 to 12  
**NONE**

(55) Schedule P - Part 1S - Columns 13 to 25  
**NONE**

(55) Schedule P - Part 1S - Columns 26 to 36  
**NONE**

(56) Schedule P - Part 1T - Columns 1 to 12  
**NONE**

(56) Schedule P - Part 1T - Columns 13 to 25  
**NONE**

(56) Schedule P - Part 1T - Columns 26 to 36  
**NONE**

(57) Schedule P - Part 2A - Homeowners/Farmowners  
**NONE**

(57) Schedule P - Part 2B - Private Passenger Auto Liability/Medical  
**NONE**

(57) Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical  
**NONE**

(57) Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation)  
**NONE**

(57) Schedule P - Part 2E - Commercial Multiple Peril  
**NONE**

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(59) Schedule P - Part 2M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(61) Schedule P - Part 2T - Warranty

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(64) Schedule P - Part 3M - International

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(66) Schedule P - Part 3T - Warranty

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(69) Schedule P - Part 4M - International

NONE



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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(71) Schedule P - Part 4T - Warranty

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(76) Schedule P - Part 5E - Section 1  
**NONE**

(76) Schedule P - Part 5E - Section 2  
**NONE**

(76) Schedule P - Part 5E - Section 3  
**NONE**

(77) Schedule P - Part 5F - Section 1A  
**NONE**

(77) Schedule P - Part 5F - Section 2A  
**NONE**

(77) Schedule P - Part 5F - Section 3A  
**NONE**

(78) Schedule P - Part 5F - Section 1B  
**NONE**

(78) Schedule P - Part 5F - Section 2B  
**NONE**

(78) Schedule P - Part 5F - Section 3B  
**NONE**

(79) Schedule P - Part 5H - Section 1A  
**NONE**

(79) Schedule P - Part 5H - Section 2A  
**NONE**

(79) Schedule P - Part 5H - Section 3A  
**NONE**

(80) Schedule P - Part 5H - Section 1B  
**NONE**

(80) Schedule P - Part 5H - Section 2B  
**NONE**

(80) Schedule P - Part 5H - Section 3B  
**NONE**

(81) Schedule P - Part 5R - Section 1A  
**NONE**

(81) Schedule P - Part 5R - Section 2A  
**NONE**

(81) Schedule P - Part 5R - Section 3A  
**NONE**

(82) Schedule P - Part 5R - Section 1B  
**NONE**

(82) Schedule P - Part 5R - Section 2B  
**NONE**

(82) Schedule P - Part 5R - Section 3B  
**NONE**

(83) Schedule P - Part 5T - Section 1  
**NONE**

(83) Schedule P - Part 5T - Section 2  
**NONE**

(83) Schedule P - Part 5T - Section 3  
**NONE**

(84) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1  
**NONE**

(84) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2  
**NONE**

(84) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 1  
**NONE**

(84) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 2  
**NONE**

(85) Schedule P - Part 6E - Commercial Multiple Peril - Section 1  
**NONE**

(85) Schedule P - Part 6E - Commercial Multiple Peril - Section 2  
**NONE**

(85) Schedule P - Part 6H - Other Liability - Occurrence - Section 1A  
**NONE**

(85) Schedule P - Part 6H - Other Liability - Occurrence - Section 2A  
**NONE**

(86) Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B  
**NONE**

(86) Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B  
**NONE**

(86) Schedule P - Part 6M - International - Section 1  
**NONE**

(86) Schedule P - Part 6M - International - Section 2  
**NONE**

(87) Schedule P - Part 6N - Reinsurance 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

		1	2	3	4	5	6
		Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Schedule P – Part 1							
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

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

		BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
		1	2	3	4	5	6	7	8	9	10
Years in Which Policies Were Issued		2014	2015	2016	2017	2018	2019	2020	2021	2022	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 – PART 7A – PRIMARY LOSS SENSITIVE CONTRACTS (CONTINUED)

SECTION 4											
		NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
		1	2	3	4	5	6	7	8	9	10
Years in Which Policies Were Issued		2014	2015	2016	2017	2018	2019	2020	2021	2022	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											
		NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED)									
		1	2	3	4	5	6	7	8	9	10
Years in Which Policies Were Issued		2014	2015	2016	2017	2018	2019	2020	2021	2022	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 - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

		1	2	3	4	5	6
		Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
Schedule P – Part 1							
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

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

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

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	NONE					
2.	Alaska	AK						
3.	Arizona	AZ						
4.	Arkansas	AR						
5.	California	CA						
6.	Colorado	CO						
7.	Connecticut	CT						
8.	Delaware	DE						
9.	District of Columbia	DC						
10.	Florida	FL						
11.	Georgia	GA						
12.	Hawaii	HI						
13.	Idaho	ID						
14.	Illinois	IL						
15.	Indiana	IN						
16.	Iowa	IA						
17.	Kansas	KS						
18.	Kentucky	KY						
19.	Louisiana	LA						
20.	Maine	ME						
21.	Maryland	MD						
22.	Massachusetts	MA						
23.	Michigan	MI						
24.	Minnesota	MN						
25.	Mississippi	MS						
26.	Missouri	MO						
27.	Montana	MT						
28.	Nebraska	NE						
29.	Nevada	NV						
30.	New Hampshire	NH						
31.	New Jersey	NJ						
32.	New Mexico	NM						
33.	New York	NY						
34.	North Carolina	NC						
35.	North Dakota	ND						
36.	Ohio	OH						
37.	Oklahoma	OK						
38.	Oregon	OR						
39.	Pennsylvania	PA						
40.	Rhode Island	RI						
41.	South Carolina	SC						
42.	South Dakota	SD						
43.	Tennessee	TN						
44.	Texas	TX						
45.	Utah	UT						
46.	Vermont	VT						
47.	Virginia	VA						
48.	Washington	WA						
49.	West Virginia	WV						
50.	Wisconsin	WI						
51.	Wyoming	WY						
52.	American Samoa	AS						
53.	Guam	GU						
54.	Puerto Rico	PR						
55.	U.S. Virgin Islands	VI						
56.	Northern Mariana Islands	MP						
57.	Canada	CAN						
58.	Aggregate Other Alien	OT						
59.	Totals							

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?	NO
17.	Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
19.	Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?	YES
20.	Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
21.	Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?	YES
22.	Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?	NO
23.	Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
24.	Will an approval from the reporting entity’s state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25.	Will an approval from the reporting entity’s state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26.	Will an approval from the reporting entity’s state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
27.	Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
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 9 8 2 2 0 2 3 4 2 0 0 0 0 0 0
12.	No business written.	 1 1 9 8 2 2 0 2 3 2 4 0 0 0 0 0 0
13.	No business written.	 1 1 9 8 2 2 0 2 3 3 6 0 0 0 0 0 0
14.	No business written.	 1 1 9 8 2 2 0 2 3 4 5 5 0 0 0 0 0
15.	No business written.	 1 1 9 8 2 2 0 2 3 4 9 0 0 0 0 0 0
16.	No business written.	 1 1 9 8 2 2 0 2 3 3 8 5 0 0 0 0 0
17.	No business written.	 1 1 9 8 2 2 0 2 3 4 0 1 0 0 0 0 0
18.	No business written.	 1 1 9 8 2 2 0 2 3 3 6 5 0 0 0 0 0
19.		
20.		
21.		
22.	No business written.	 1 1 9 8 2 2 0 2 3 5 0 0 0 0 0 0 0
23.	No business written.	 1 1 9 8 2 2 0 2 3 5 0 5 0 0 0 0 0
24.	No business written.	 1 1 9 8 2 2 0 2 3 2 2 4 0 0 0 0 0
25.	No business written.	 1 1 9 8 2 2 0 2 3 2 2 5 0 0 0 0 0
26.	No business written.	 1 1 9 8 2 2 0 2 3 2 2 6 0 0 0 0 0
27.	No business written.	 1 1 9 8 2 2 0 2 3 5 5 5 0 0 0 0 0
28.		
29.		
30.	No business written.	 1 1 9 8 2 2 0 2 3 2 3 0 0 0 0 0 0
31.	No business written.	 1 1 9 8 2 2 0 2 3 3 0 6 0 0 0 0 0
32.	No business written.	 1 1 9 8 2 2 0 2 3 2 1 0 0 0 0 0 0
33.	No business written.	 1 1 9 8 2 2 0 2 3 2 1 6 0 0 0 0 0
34.		
35.	No business written	 1 1 9 8 2 2 0 2 3 2 9 0 0 0 0 0 0
36.	No business written.	 1 1 9 8 2 2 0 2 3 5 6 0 0 0 0 0 0
37.	No business written	 1 1 9 8 2 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	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Deferred Compensation.....			1,028	1,028
2405. Investment Banking Fees.....			43,233	43,233
2497. Summary of remaining write-ins for Line 24 from overflow page.....			44,261	44,261



**OVERFLOW PAGE FOR WRITE-INS**



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: 11982

	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).....				
4. Environmental liability.....				
5. Excess workers' compensation.....	—			—
6. Commercial excess & umbrella.....				
7. Personal umbrella.....	1,519,053	1,401,171	1,000,000	1,350,000
8. Employment liability.....				
9. Aggregate write-ins for facilities and premises (CGL) .....				
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....				
12. Total ASL 17 - other liability (sum of lines 1 through 11).....	1,519,053	1,401,171	1,000,000	1,350,000
Details of Write-Ins				
0901.....				
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.....				
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 Georgia

NAIC Group Code: 0267

NAIC Company Code: 11982

	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



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 Indiana

NAIC Group Code: 0267

NAIC Company Code: 11982

	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.....	NO
11. Short-term limited duration health plans.....	NO
12. Travel.....	NO



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 Kentucky

NAIC Group Code: 0267

NAIC Company Code: 11982

	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



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 Ohio

NAIC Group Code: 0267

NAIC Company Code: 11982

	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



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 Virginia

NAIC Group Code: 0267

NAIC Company Code: 11982

	1 MCAS Reportable Premium / Considerations (YES/NO)
MCAS Line of Business	
1. Disability income .....	NO .....
2. Health .....	NO .....
3. Homeowners .....	NO .....
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 .....	No .....
11. Short-term limited duration health plans .....	NO .....
12. Travel .....	NO .....