



ANNUAL STATEMENT
 FOR THE YEAR ENDED DECEMBER 31, 2024
 OF THE CONDITION AND AFFAIRS OF THE
GRANGE INDEMNITY INSURANCE COMPANY

NAIC Group Code.....0267.....0267.....NAIC Company Code.....10322....Employer's ID Number.....31-1432675.....
 (Current) (Prior)

Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....
 Country of Domicile.....US.....
 Incorporated/Organized.....03/10/1995.....Commenced Business.....08/03/1995.....
 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.....William Charles Thorsberg.....614-445-2900.....
 (Telephone)
 thorsbergw@grangeinsurance.com.....
 (E-Mail).....(Fax)

OFFICERS

JOHN (NMN) AMMENDOLA, PRESIDENT & CEO.....
 CHERYL MCRAE LEBENS#, EVP & CFO.....
 BETH WILLIAMS MURPHY, EVP & SECRETARY.....

DIRECTORS OR TRUSTEES

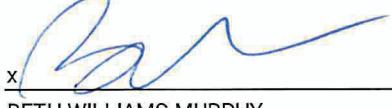
JOHN (NMN) AMMENDOLA.....	KATHIE JANE ANDRADE.....
ANNA HOLLIDAY BENSON#.....	JAMES MARTIN BENSON.....
MARK LEWIS BOXER.....	PHILIP NELSON DAVIS#.....
MICHAEL DESMOND FRAIZER.....	ROBERT ENLOW HOYT.....
CHERYL MCRAE LEBENS#.....	MARY MARINETTE PERRY.....
THOMAS SIMRALL STEWART.....	CHRISTIANNA (NMN) WOOD.....

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

SS

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

x 
 JOHN (NMN) AMMENDOLA
 PRESIDENT & CEO

x 
 BETH WILLIAMS MURPHY
 EVP & SECRETARY

x 
 CHERYL MCRAE LEBENS
 EVP & CFO

Subscribed and sworn to before me
 this 18 day of
February, 2025

x Terese J Burchwell

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 ARIZONA DURING THE YEAR 2024



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

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 GEORGIA DURING THE YEAR 2024

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

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	24,176	21,726		11,611	—	2,715	3,028	101	113	4,036	1,322	
2.1 Allied Lines	34,199	31,530		14,472	4,157	6,421	2,779	146	166	5,709	1,871	
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers Multiple Peril		94	20		74		3	3	1	1	16	5
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)	1,359,350	1,101,434		665,120	914,981	1,129,468	336,372	19,499	21,599	8,745	226,908	74,351
5.2 Commercial Multiple Peril (Liability Portion)	2,212,180	2,004,639		870,713	128,586	790,869	1,997,160	28,720	260,886	898,639	369,098	120,997
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland marine												
9.2 Pet insurance plans												
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	22,629	3,354		19,275		523	523	146	146	1,967	1,238	
17.1 Other Liability—Occurrence	97,892	96,912		52,176	50,000	51,793	111,641	12,415	26,609	35,442	16,257	5,327
17.2 Other Liability—Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability – Occurrence	6,788	4,632		2,209		2,332	2,413	1,430	1,430	1,484	1,133	371
18.2 Products Liability – Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability	137,740	148,513		47,454	45,385	48,468	102,120	3,107	(1,271)	9,781	19,080	7,534
19.3 Commercial Auto No-Fault (Personal Injury Protection)												
19.4 Other Commercial Auto Liability	6,852,536	6,878,605		3,330,822	4,544,493	4,062,329	10,525,886	516,521	415,903	1,040,209	966,595	374,806
21.1 Private Passenger Auto Physical Damage	85,840	93,226		32,364	37,271	42,933	(2,651)	8,178	8,327	383	12,256	4,695
21.2 Commercial Auto Physical Damage	2,433,624	2,270,967		1,262,846	1,143,048	1,055,303	99,900	1,648	2,592	12,590	354,502	133,109
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)	13,266,547	12,655,559		6,309,137	6,867,919	7,193,159	13,179,173	590,088	736,470	2,007,699	1,977,557	.725,626
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 \$23,092

(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 2024



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

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	8,834	7,651		5,926		683	824		34	40	1,475	318
2.1 Allied Lines.....	9,264	7,732		6,178		695	827		35	40	1,546	333
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.....	7,432,639	7,086,295		3,991,400	7,923,980	8,398,184	1,325,247	69,801	104,001	78,962	969,436	267,262
5.1 Commercial Multiple Peril (Non-Liability Portion).....	463,710	410,389		273,416	170,668	409,342	231,725	6,729	7,815	3,247	77,630	16,674
5.2 Commercial Multiple Peril (Liability Portion).....	191,486	195,054		115,363	61,951	86,305	180,496		12,364	94,751	31,935	6,885
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....	65,963	73,082		34,220		14,190	16,467		313	715	8,934	2,372
9.2 Pet insurance plans.....												
10. Financial Guaranty.....												
11.1 Medical Professional Liability – Occurrence.....												
11.2 Medical Professional Liability – Claims-Made.....												
12. Earthquake.....	3,260	4,812		1,549								472
13.1 Comprehensive (hospital and medical) ind (b).....												117
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.....	130,803	138,310		65,757		19,990	159,061		3,112	8,413	22,189	4,703
17.2 Other Liability–Claims-Made.....												
17.3 Excess Workers' Compensation.....												
18.1 Products Liability – Occurrence.....	1,178	1,079		513		257	592		142	362	197	42
18.2 Products Liability – Claims-Made.....												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection).....												
19.2 Other Private Passenger Auto Liability.....	81,298	87,193		25,115	104,659	217,443	266,506	1,445	(283)	5,277	10,757	2,923
19.3 Commercial Auto No-Fault (Personal Injury Protection).....												
19.4 Other Commercial Auto Liability.....	3,609,659	3,178,892		2,220,002	2,193,287	1,350,598	2,689,868	62,627	143,627	480,220	459,823	129,796
21.1 Private Passenger Auto Physical Damage.....	58,436	61,278		13,756	26,068	40,035	(2,264)	85	220	283	7,198	2,101
21.2 Commercial Auto Physical Damage.....	1,172,328	1,275,131		642,373	558,800	534,064	97,153	1,034	1,089	5,266	138,933	42,155
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).....	13,228,857	12,526,899		7,395,568	11,039,613	11,071,785	4,966,502	141,721	272,467	677,575	1,730,525	475,682
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 \$51,375

(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 2024



NAIC Group Code: 0267

NAIC Company Code: 10322

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										
1. Fire	1,557	1,518			1,310		146	173		7	8	260
2.1 Allied Lines	3,068	3,227			2,829		312	369		16	18	512
2.2 Multiple Peril Crop												63
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												294
4. Homeowners Multiple Peril												36
5.1 Commercial Multiple Peril (Non-Liability Portion)	541,105	466,561			181,359	10,000	47,855	55,157		823	3,692	90,323
5.2 Commercial Multiple Peril (Liability Portion)	453,660	398,391			133,617	105,508	388,957	747,229	21,004	49,430	192,925	11,156
6. Mortgage Guaranty												75,687
8. Ocean Marine												9,353
9.1 Inland marine		768	768		101		68	83		3	4	128
9.2 Pet insurance plans												16
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		7,747	297		7,450							751
17.1 Other Liability–Occurrence		9,233	11,136		1,939		4,325	6,185		2,550	3,772	1,541
17.2 Other Liability–Claims-Made												190
17.3 Excess Workers' Compensation												
18.1 Products Liability – Occurrence		(213)	(31)				(111)	(6)		(72)	(4)	(36)
18.2 Products Liability – Claims-Made												(4)
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability		581,279	624,941		178,313	292,801	85,500	274,918	15,678	5,334	46,958	85,679
19.3 Commercial Auto No-Fault (Personal Injury Protection)												11,984
19.4 Other Commercial Auto Liability		1,149,994	1,075,378		622,179	411,037	58,328	1,574,203	73,613	112,030	162,699	136,143
21.1 Private Passenger Auto Physical Damage		475,577	503,743		136,691	200,350	185,584	(1,369)	138	744	1,615	71,369
21.2 Commercial Auto Physical Damage		462,271	431,559		223,273	316,966	280,663	21,956	(7,160)	(7,291)	1,321	53,789
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
32. Reins nonproportional assumed liability		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
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTAL (a)		3,687,809	3,517,572		1,490,741	1,336,662	1,051,628	2,678,899	103,272	163,573	413,007	516,440
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 \$33,694

(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 IOWA DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)												
5.2 Commercial Multiple Peril (Liability Portion)												
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland marine												
9.2 Pet insurance plans												
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 KANSAS DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 KENTUCKY DURING THE YEAR 2024

1 0 3 2 2 2 0 2 4 4 3 0 1 8 1 0 0

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	26,354	28,387		16,505		2,818	3,128		139	150	4,399	4,399
2.1 Allied Lines	22,097	43,008		13,880		4,500	4,922		221	237	3,689	3,689
2.2 Multiple Peril Crop												2,834
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)	329,311	288,964		148,512	25,646	22,650	17,866	160	274	2,249	54,861	35,200
5.2 Commercial Multiple Peril (Liability Portion)	598,371	470,013		197,033	—	208,224	495,753	4,140	65,668	227,014	99,143	32,515
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland marine												
9.2 Pet insurance plans												
10. Financial Guaranty												
11.1 Medical Professional Liability – Occurrence												
11.2 Medical Professional Liability – Claims-Made												
12. Earthquake	213	3		210								36
13.1 Comprehensive (hospital and medical) ind (b)												27
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	44,543	41,639		21,670		9,476	19,453		5,342	11,895	7,435	2,704
17.2 Other Liability–Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability – Occurrence	(50)	16		(24)		(2)	16		(2)	10	(8)	(6)
18.2 Products Liability – Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	18,516	19,493		7,404		(9)	(1,469)		389	411	2,729	2,375
19.2 Other Private Passenger Auto Liability	79,120	82,588		59,016	(16,169)	11,492	(1,735)	5,916	11,702	(1,167)		
19.3 Commercial Auto No-Fault (Personal Injury Protection)	86,104	83,941		41,248	57,017	43,326	30,832	(316)	4,787	9,784	11,045	
19.4 Other Commercial Auto Liability	1,640,742	1,534,376		826,089	554,361	362,826	1,152,088	35,043	91,313	237,879	207,839	38,137
21.1 Private Passenger Auto Physical Damage	61,896	64,208		26,366	18,142	21,945	(1,393)	122	237	9,352	7,940	
21.2 Commercial Auto Physical Damage	747,776	692,300		363,087	450,319	482,166	78,453	529	1,013	2,796	101,588	95,919
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)	3,659,886	3,350,010		1,698,809	1,164,502	1,141,797	1,811,186	39,871	162,444	493,594	513,365	209,165
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 \$16,459

(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 MARYLAND DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 MINNESOTA DURING THE YEAR 2024



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

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines.....												
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
2.4 Private Crop.....												
2.5 Private Flood.....												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 MISSISSIPPI DURING THE YEAR 2024



1 0 3 2 2 2 0 2 4 4 3 0 2 5 0 0 0

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 MISSOURI DURING THE YEAR 2024



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

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines.....												
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
2.4 Private Crop.....												
2.5 Private Flood.....												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 NORTH CAROLINA DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers 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.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 OHIO DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 10322

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										
1. Fire	22,518	44,805		14,024		6,100	6,619		225	244	3,627	356
2.1 Allied Lines	29,507	37,193		17,179	46,989	48,606	2,566		161	197	4,729	466
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers Multiple Peril	24,518	3,647		20,871		149	149	4	54	50	4,093	387
4. Homeowners Multiple Peril	135,664,339	134,019,646		70,478,205	78,571,381	70,005,900	22,981,979	1,103,468	1,618,934	1,489,888	20,213,007	2,143,386
5.1 Commercial Multiple Peril (Non-Liability Portion)	1,343,996	1,073,293		690,450	140,941	96,487	243,497	49,501	51,269	8,195	224,526	21,234
5.2 Commercial Multiple Peril (Liability Portion)	821,403	671,527		363,171	52,033	275,443	683,033	15,092	122,630	304,522	138,163	12,978
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland marine		1,931,408		1,935,202		980,926	421,341	334,156	102,665	1,033	8,377	18,615
9.2 Pet insurance plans												303,122
10. Financial Guaranty												30,515
11.1 Medical Professional Liability – Occurrence												
11.2 Medical Professional Liability – Claims-Made												
12. Earthquake		443,257		427,867		225,476						70,566
13.1 Comprehensive (hospital and medical) ind (b)												7,003
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		2,730,314		2,699,542		1,388,843	317,879	149,227	3,675,338		(24,462)	27,348
17.2 Other Liability–Claims-Made												467,606
17.3 Excess Workers' Compensation												43,137
18.1 Products Liability – Occurrence		13		13		4		4	7		3	5
18.2 Products Liability – Claims-Made											2	–
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)												
19.2 Other Private Passenger Auto Liability		113,223,812		116,151,562		42,661,234	72,640,427	77,352,930	77,608,748	1,934,145	3,067,453	6,264,415
19.3 Commercial Auto No-Fault (Personal Injury Protection)												15,951,140
19.4 Other Commercial Auto Liability		7,569,373		6,897,944		4,195,749	1,880,009	2,782,966	7,130,465		328,258	1,038,343
21.1 Private Passenger Auto Physical Damage		151,683,786		148,940,277		59,798,859	83,697,296	81,102,238	(1,663,337)	67,330	134,103	153,602
21.2 Commercial Auto Physical Damage		3,091,598		2,744,394		1,660,646	1,521,958	1,593,201	233,521	120	153	9,980
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
32. Reins nonproportional assumed liability		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business												
35. TOTAL (a)		418,579,840		415,646,913		182,495,637	239,290,252	233,747,408	111,005,251	3,298,349	5,307,157	9,315,403
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 \$4,681,335

(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 PENNSYLVANIA DURING THE YEAR 2024



1 0 3 2 2 2 0 2 4 4 3 0 3 9 1 0 0

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	24,217	28,665		7,519		2,633	3,389		134	163	4,042	735
2.1 Allied Lines	46,769	43,259		15,158		4,047	4,680		201	225	7,807	1,419
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)	472,443	486,531		141,421	286,374	290,292	23,007	225	860	3,874	78,862	14,338
5.2 Commercial Multiple Peril (Liability Portion)	584,846	595,853		161,570	105,545	156,527	718,067	17,571	35,568	274,604	97,572	17,749
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland marine												
9.2 Pet insurance plans												
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	15,351	50,118		24,906	2,835	629,304	780,689		9,414	18,754	2,562	466
17.2 Other Liability–Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability – Occurrence	2,558	2,609		185		1,528	1,493		935	913	427	78
18.2 Products Liability – Claims-Made												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	8,821	9,204		2,385		1,025	(700)		176	194	1,024	268
19.2 Other Private Passenger Auto Liability	63,665	66,069		17,943	71,544	22,216	16,172		(2,184)	2,352	7,346	1,932
19.3 Commercial Auto No-Fault (Personal Injury Protection)	253,658	213,099		118,712	4,708	10,810	64,714		2,618	12,710	25,274	7,698
19.4 Other Commercial Auto Liability	2,884,047	2,642,037		1,354,360	2,051,670	2,369,826	4,435,406	215,737	293,373	415,391	314,539	87,525
21.1 Private Passenger Auto Physical Damage	38,340	41,621		9,239	41,406	42,953	(1,421)		30	210	4,442	1,164
21.2 Commercial Auto Physical Damage	1,561,328	1,418,826		755,104	650,120	625,231	66,473	1,340	1,183	4,723	179,935	47,383
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)	5,956,042	5,597,891		2,608,503	3,214,203	4,156,390	6,111,968	234,872	342,308	734,113	723,833	180,755
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 \$38,687

(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 2024

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

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....	10,440	9,103		6,455		848	994		42	48	1,743	296
2.1 Allied Lines.....	21,469	19,321		11,109		1,825	2,109		91	101	3,584	609
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
2.4 Private Crop.....												
2.5 Private Flood.....												
3. Farmers Multiple Peril.....	4,339	170		4,169							724	123
4. Homeowners Multiple Peril.....	20,097,984	19,205,979		10,875,059		10,044,742	8,502,911	1,680,499	154,753	81,105	213,564	570,495
5.1 Commercial Multiple Peril (Non-Liability Portion).....	533,444	562,064		213,416		24,205	81,214	67,806	—	879	4,440	88,558
5.2 Commercial Multiple Peril (Liability Portion).....	409,219	313,971		187,367		92,967	170,393	430,664	9,085	49,325	145,524	11,616
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....	180,577	177,313		95,793		17,435	58,761	45,566		755	1,705	27,211
9.2 Pet insurance plans.....												5,126
10. Financial Guaranty.....												
11.1 Medical Professional Liability – Occurrence.....												
11.2 Medical Professional Liability – Claims-Made.....												
12. Earthquake.....	55,698	51,030		30,824								8,523
13.1 Comprehensive (hospital and medical) ind (b).....												1,581
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.....	359,165	355,663		195,512		(5,189)	365,746			3,221	5,330	61,944
17.2 Other Liability–Claims-Made.....												10,195
17.3 Excess Workers' Compensation.....												
18.1 Products Liability – Occurrence.....						(18,450)						
18.2 Products Liability – Claims-Made.....												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection).....												
19.2 Other Private Passenger Auto Liability.....	279,172	309,705		99,315		165,157	110,835	110,169	5,743	(8,286)	19,864	38,767
19.3 Commercial Auto No-Fault (Personal Injury Protection).....												7,925
19.4 Other Commercial Auto Liability.....	3,385,192	3,299,652		1,736,222		1,764,835	2,076,157	4,344,000	76,589	152,051	500,599	412,080
21.1 Private Passenger Auto Physical Damage.....	178,033	206,550		62,006		130,260	164,897	25,441	—	285	892	24,763
21.2 Commercial Auto Physical Damage.....	1,154,866	1,134,945		589,429		884,123	854,153	74,246	495	86	3,818	32,782
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).....	26,669,598	25,645,465		14,106,676		13,123,725	11,998,353	7,147,243	246,665	260,992	895,886	3,679,717
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 \$106,087

(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 UTAH DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines.....												
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
2.4 Private Crop.....												
2.5 Private Flood.....												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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 2024

1 0 3 2 2 2 0 2 4 4 3 0 4 7 1 0 0

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire	5,766	5,216		4,919		641	739		24	28	962	166
2.1 Allied Lines	5,443	5,392		4,253		20,772	21,096	439	25	29	909	157
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers Multiple Peril												
4. Homeowners Multiple Peril												
5.1 Commercial Multiple Peril (Non-Liability Portion)	187,290	175,425		83,303	35,962	34,391	7,854	—	(235)	1,327	31,263	5,401
5.2 Commercial Multiple Peril (Liability Portion)	243,652	243,144		88,428	35,932	123,036	530,271	17,356	10,658	113,470	40,667	7,026
6. Mortgage Guaranty												
8. Ocean Marine												
9.1 Inland marine												
9.2 Pet insurance plans												
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	76,859	56,227		34,586		10,664	29,710	120	5,795	18,185	12,797	2,216
17.2 Other Liability—Claims-Made												
17.3 Excess Workers' Compensation												
18.1 Products Liability – Occurrence	(373)	2		—		(265)	28		(175)	17	(62)	(11)
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	3,621,274	3,470,784		1,778,913	2,873,746	3,381,061	3,056,637	72,980	142,533	435,355	521,924	104,427
21.1 Private Passenger Auto Physical Damage												
21.2 Commercial Auto Physical Damage	576,141	600,256		284,117	438,674	438,930	43,357		1,749	4,612	86,939	16,614
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)	4,716,052	4,556,447		2,278,519	3,405,087	4,009,554	3,669,034	90,456	160,373	573,024	695,400	135,997
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 \$173

(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 WEST VIRGINIA DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmers 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												
9.1 Inland marine												
9.2 Pet insurance plans												
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 WISCONSIN DURING THE YEAR 2024



1 0 3 2 2 2 0 2 4 4 3 0 5 0 0 0 0

NAIC Group Code: 0267

NAIC Company Code: 10322

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines												
2.2 Multiple Peril Crop												
2.3 Federal Flood												
2.4 Private Crop												
2.5 Private Flood												
3. Farmowners Multiple Peril.....												
4. Homeowners Multiple Peril.....												
5.1 Commercial Multiple Peril (Non-Liability Portion).....												
5.2 Commercial Multiple Peril (Liability Portion).....												
6. Mortgage Guaranty.....												
8. Ocean Marine.....												
9.1 Inland marine.....												
9.2 Pet insurance plans.....												
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

GRAND TOTAL DURING THE YEAR 2024

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

NAIC Group Code: 0267

NAIC Company Code: 10322

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											
1. Fire	123,862	147,070		68,269	—	16,583	18,893	706	795	20,544	20,544	(15,671)	
2.1 Allied Lines	171,816	190,662		85,059	71,919	87,503	18,692	894	1,013	28,484	28,484	7,753	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril	35,608	4,994		30,614	—	197	197	4	70	66	5,944	1,091	
4. Homeowners Multiple Peril	163,194,962	160,311,921		85,344,663	96,540,103	86,906,996	25,987,725	1,328,023	1,804,039	1,782,413	23,991,126	2,981,143	
5.1 Commercial Multiple Peril (Non-Liability Portion)	5,230,647	4,564,661		2,396,997	1,608,977	2,111,700	983,284	76,114	83,284	35,768	872,932	193,496	
5.2 Commercial Multiple Peril (Liability Portion)	5,514,815	4,892,593		2,117,262	582,521	2,199,754	5,782,674	112,967	606,529	2,251,449	920,496	219,119	
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland marine	2,178,715	2,186,365		1,111,040	438,776	407,174	164,781	1,033	9,449	21,039	339,395	38,028	
9.2 Pet insurance plans													
10. Financial Guaranty													
11.1 Medical Professional Liability – Occurrence													
11.2 Medical Professional Liability – Claims-Made													
12. Earthquake	502,428	483,712		258,059								79,597	8,729
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	30,376	3,651		26,725	—	523	523	146	146	2,718	2,718	1,330	
17.1 Other Liability—Occurrence	3,463,660	3,449,548		1,785,389	370,714	869,590	5,147,822	12,535	25,139	129,141	592,332	68,939	
17.2 Other Liability—Claims-Made													
17.3 Excess Workers' Compensation													
18.1 Products Liability – Occurrence	9,901	8,320		2,889	—	(14,707)	4,544	—	(9,859)	2,786	1,653	470	
18.2 Products Liability – Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	27,337	28,697		9,790	—	1,016	(2,169)	566	605	3,753	2,643		
19.2 Other Private Passenger Auto Liability	114,446,084	117,470,571		43,062,384	73,378,989	77,821,223	78,390,125	1,960,117	3,059,028	6,354,562	16,124,471	1,819,974	
19.3 Commercial Auto No-Fault (Personal Injury Protection)	339,762	297,040		159,961	61,725	54,136	95,546	2,303	17,497	35,058	18,743		
19.4 Other Commercial Auto Liability	30,712,817	28,977,668		16,064,336	16,273,438	16,444,091	34,908,554	1,180,765	1,679,087	4,310,697	3,931,178	974,081	
21.1 Private Passenger Auto Physical Damage	152,581,907	149,910,903		60,079,282	84,150,792	81,600,586	(1,646,994)	75,731	143,831	157,221	21,520,004	2,427,238	
21.2 Commercial Auto Physical Damage	11,199,932	10,568,378		5,780,874	5,964,008	5,863,710	715,058	(1,995)	573	45,104	1,426,209	426,337	
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)	489,764,631	483,496,754		218,383,590	279,441,962	274,370,074	150,569,255	4,745,294	7,405,784	15,110,301	69,895,894	9,173,443	
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 \$4,950,902

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

Annual Statement for the Year 2024 of the GRANGE INDEMNITY INSURANCE COMPANY

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust	
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7								
Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities															
AA-9991141		OHIO COMMERCIAL AUTO INS PROCEDURE	OH	245		504	504				125				
AA-9991205		GEORGIA FAIR PLAN	GA	—		1	1				—				
AA-9991206		ILLINOIS FAIR PLAN	IL	1		1	1				1				
AA-9991222		OHIO FAIR PLAN	OH	232		52	52				163				
1099999 - Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities				479		557	557				289				
1299999 - Total Pools and Associations				479		557	557				289				
9999999 - Totals				479		557	557				289				

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) During Current Year

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

NONE

Annual Statement for the Year 2024 of the GRANGE INDEMNITY INSURANCE COMPANY

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
Total Authorized, Affiliates, U.S. Intercompany Pooling																			
31-4192970	14060	GRANGE INS CO	OH		444,162			81,650		66,834		216,957		365,441				365,441	510
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling					444,162			81,650		66,834		216,957		365,441				365,441	510
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																			
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates					444,162			81,650		66,834		216,957		365,441				365,441	510
Total Authorized, Other U.S. Unaffiliated Insurers																			
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		2,666	-		8		-		1,376		1,384				1,384	
51-0434766	20370	AXIS REINS CO	NY		266	-		5		-		-		5				5	
47-0574325	32603	BERKLEY INS CO	DE		29	-		-		-		13		13				13	
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		117	-		2		-		-		2				2	
35-2293075	11551	ENDURANCE ASSUR CORP	DE		-			-		-		-		-				-	
13-2673100	22039	GENERAL REINS CORP	DE		118	-		5	-	-		28		33				33	
52-1952955	10357	RENAISSANCE REINS US INC	MD		124	-		-		-		-		-				-	
47-0698507	23680	ODYSSEY REINS CO	CT		74	-		-		-		-		-				-	
13-1675535	25364	SWISS REINS AMER CORP	NY		1,601	-		14		-		-		14				14	
42-0644327	13021	UNITED FIRE & CAS CO	IA		137	-		-		-		-		-				-	
22-2005057	26921	EVEREST REINS CO	DE		228	-		2		-		-		2				2	
87-2252307	22225	TRISURA INS CO	OK		126	-		-		-		-		-				-	
13-4924125	10227	MUNICH REINS AMER INC	DE		267	-		9		-		-		9				9	
13-3138390	42307	NAVIGATORS INS CO	NY		215	-		8		-		-		8				8	
23-1641984	10219	QBE REINS CORP	PA		161	-		-		-		-		-				-	
13-5616275	19453	TRANSATLANTIC REINS CO	NY		289	-		10		-		-		10				10	
04-1543470	23043	LIBERTY MUT INS CO	MA		92	-		-		-		-		-				-	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers					6,511	-		62	-	-		1,417		1,479				1,479	
Total Authorized, Pools, Mandatory Pools																			
AA-9991500		ILLINOIS MINE SUBSIDENCE FUND	IL		11							6		6				6	
AA-9991502		KENTUCKY MINE SUBSIDENCE FUND	KY		1							-		-				-	
AA-9991503		OHIO MINE SUBSIDENCE FUND	OH		22							11		11				11	
1099999 - Total Authorized, Pools, Mandatory Pools					34							18		18				18	
Total Authorized, Other Non-U.S. Insurers																			
AA-1120198		Lloyd's Syndicate Number 1618	GBR		-	-		-		-		-		-			-	-	
AA-1128987		Lloyd's Syndicate Number 2987	GBR		105	-		3		-		-		3				3	
AA-1126033		Lloyd's Syndicate Number 33	GBR		145	-		4		-		-		4				4	
AA-1126435		Lloyd's Syndicate Number 435	GBR		17	-		1		-		-		1				1	
AA-1126510		Lloyd's Syndicate Number 510	GBR		-			-		-		-		-				-	
AA-1126623		Lloyd's Syndicate Number 623	GBR		37	-		-		-		-		-				-	
AA-1127084		Lloyd's Syndicate Number 1084	GBR		404	-		1		-		-		1				1	
AA-1120156		Lloyd's Syndicate Number 1686	GBR		80	-		-		-		-		-				-	
AA-1120157		Lloyd's Syndicate Number 1729	GBR		21	-		-		-		-		-				-	
AA-1120171		Lloyd's Syndicate Number 1856	GBR		51	-		1		-		-		1				1	
AA-1128001		Lloyd's Syndicate Number 2001	GBR		82	-		1		-		-		1				1	
AA-1128003		Lloyd's Syndicate Number 2003	GBR		52	-		1		-		-		1				1	
AA-1120179		Lloyd's Syndicate Number 2988	GBR		-			-		-		-		-				-	
AA-1128010		Lloyd's Syndicate Number 2010	GBR		120	-		-		-		-		-				-	
AA-1128623		Lloyd's Syndicate Number 2623	GBR		19	-		-		-		-		-				-	
AA-1128623		Lloyd's Syndicate Number 2623	GBR		170	-		-		-		-		-				-	
AA-1128791		Lloyd's Syndicate Number 2791	GBR		73	-		-		-		-		-				-	
AA-1126004		Lloyd's Syndicate Number 4444	GBR		170	-		-		-		-		-				-	
AA-3194130		Endurance Specialty Ins Ltd	BMU		249	-		6		-		-		6				6	
AA-1840000		Mapfre Re Compania de Reaseguros SA	ESP		444	-		2		-		-		2				2	

Annual Statement for the Year 2024 of the GRANGE INDEMNITY INSURANCE COMPANY

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
AA-3190686		Partner Reins Co Ltd	BMU		132	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-3190870		Validus Reins Ltd	BMU		198	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-1340125		Hannover Rueck SE	DEU		275	—	—	2	—	—	—	—	—	2	—	—	—	2	
1299999 - Total Authorized, Other Non-U.S. Insurers					2,842	—	—	22	—	—	—	—	—	22	—	—	—	22	
1499999 - Total Authorized Excluding Protected Cells					453,549	—	—	81,734	—	66,834	—	218,392	—	366,959	—	—	366,959	510	
Total Unauthorized, Other Non-U.S. Insurers																			
AA-1120191		CONVEX Ins UK	GBR		18	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-3191190		Hamilton Re Ltd	BMU		104	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-1460080		Helvetia Schweizerische VeriAG	CHE		43	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-1340028		DEVK	DEU		40	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-1780116		CHAUCER INSURANCE COMPANY	IRL		59	—	—	2	—	—	—	—	—	2	—	—	—	2	
AA-3191437		Group ARK Ins Ltd Bermuda	BMU		—	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-5420050		KOREAN REINSURANCE COMPANY	KOR		320	—	—	9	—	—	—	—	—	9	—	—	—	9	
AA-1440060		Lansforsakringar Sak Fors	SWE		46	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-3194122		DaVinci Reins Ltd	BMU		35	—	—	—	—	—	—	—	—	—	—	—	—	—	
AA-1460019		MS AMLIN AG BERMUDA BRANCH	CHE		100	—	—	1	—	—	—	—	—	1	—	—	—	1	
AA-1440076		SIRIUS INTERNATIONAL INS CORP	SWE		75	—	—	1	—	—	—	—	—	1	—	—	—	1	
AA-5324100		TAIPING REINSURANCE CO LTD	HKG		118	—	—	2	—	—	—	—	—	2	—	—	—	2	
AA-3191432		Vantage Risk Ltd	BMU		134	—	—	—	—	—	—	—	—	—	—	—	—	—	
2699999 - Total Unauthorized, Other Non-U.S. Insurers					1,093	—	—	15	—	—	—	—	—	15	—	—	—	15	
2899999 - Total Unauthorized Excluding Protected Cells					1,093	—	—	15	—	—	—	—	—	15	—	—	—	15	
Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																			
RJ-3194126		Arch Reins Ltd	BMU		525	—	—	22	—	—	—	—	—	22	—	—	—	22	
RJ-3190770		Chubb Tempest Reins Ltd	BMU		33,898	—	—	2,630	—	—	—	281	—	2,910	—	—	—	2,910	
RJ-3191289		Fidelis Ins Bermuda Ltd	BMU		465	—	—	2	—	—	—	—	—	2	—	—	—	2	
RJ-1120175		Fidelis Underwriting Ltd	GBR		553	—	—	4	—	—	—	—	—	4	—	—	—	4	
RJ-3190875		Hiscox Ins Co (Bermuda) Ltd	BMU		159	—	—	5	—	—	—	—	—	5	—	—	—	5	
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers					35,601	—	—	2,663	—	—	—	281	—	2,944	—	—	—	2,944	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells					35,601	—	—	2,663	—	—	—	281	—	2,944	—	—	—	2,944	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					490,243	—	—	84,412	—	66,834	—	218,672	—	369,918	—	—	—	369,918	
9999999 - Totals					490,243	—	—	84,412	—	66,834	—	218,672	—	369,918	—	—	—	369,918	

Annual Statement for the Year 2024 of the GRANGE INDEMNITY 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				Net Recoverable	Total Amount Recoverable From Reinsurers	Reinsurance Payable & Funds Held (Cols. 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	Applicable Sch. F Penalty (Col. 78)	Net of Funds Held & Collateral	Less Penalty (Cols. 15 - 27)	17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28*120%)	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 in Col. 34	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)			
Total Authorized, Affiliates, U.S. Intercompany Pooling																				
31-4192970	GRANGE INS CO					510	364,931	—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling				XXX		510	364,931	—	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	
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates				XXX		510	364,931	—										XXX		
Total Authorized, Other U.S. Unaffiliated Insurers																				
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO					—	1,384	—	1,384	1,661	—	1,661	—	1,661	1,661	1,661	1		2	
51-0434766	AXIS REINS CO					—	5	—	5	6	—	6	—	6	6	6	3		—	
47-0574325	BERKLEY INS CO					—	13	—	13	15	—	15	—	15	15	15	2		—	
42-0234980	EMPLOYERS MUT CAS CO					—	2	—	2	2	—	2	—	2	2	2	4		—	
35-2293075	ENDURANCE ASSUR CORP					—	—	—	—	—	—	—	—	—	—	—	2		—	
13-2673100	GENERAL REINS CORP					—	33	—	33	39	—	39	—	39	39	39	1		—	
52-1952955	RENAISSANCE REINS US INC					—	—	—	—	—	—	—	—	—	—	—	2		—	
47-0698507	ODYSSEY REINS CO					—	—	—	—	—	—	—	—	—	—	—	2		—	
13-1675535	SWISS REINS AMER CORP					—	14	—	14	16	—	16	—	16	16	16	2		—	
42-0644327	UNITED FIRE & CAS CO					—	—	—	—	—	—	—	—	—	—	—	4		—	
22-2005057	EVEREST REINS CO					—	2	—	2	2	—	2	—	2	2	2	2		2	
87-2252307	TRISURA INS CO					—	—	—	—	—	—	—	—	—	—	—	4		—	
13-4924125	MUNICH REINS AMER INC					—	9	—	9	11	—	11	—	11	11	11	2		—	
13-3138390	NAVIGATORS INS CO					—	8	—	8	9	—	9	—	9	9	9	3		—	
23-1641984	QBE REINS CORP					—	—	—	—	—	—	—	—	—	—	—	2		—	
13-5616275	TRANSATLANTIC REINS CO					—	10	—	10	12	—	12	—	12	12	12	2		—	
04-1543470	LIBERTY MUT INS CO					—	—	—	—	—	—	—	—	—	—	—	3		—	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers				XXX		—	1,479	—	1,479	1,774	—	1,774	—	1,774	1,774	1,774	XXX		20	
Total Authorized, Pools, Mandatory Pools																				
AA-9991500	ILLINOIS MINE SUBSIDENCE FUND					6	—	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	
AA-9991503	OHIO MINE SUBSIDENCE FUND					11	—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1099999 - Total Authorized, Pools, Mandatory Pools				XXX		—	18	—	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Total Authorized, Other Non-U.S. Insurers																				
AA-1120198	Lloyd's Syndicate Number 1618					—	—	—	—	—	—	—	—	—	—	—	3		—	
AA-1128987	Lloyd's Syndicate Number 2987					—	3	—	3	4	—	4	—	4	4	4	3		—	
AA-1126033	Lloyd's Syndicate Number 33					—	4	—	4	5	—	5	—	5	5	5	3		—	
AA-1126435	Lloyd's Syndicate Number 435					—	1	—	1	1	—	1	—	1	1	1	3		—	
AA-1126510	Lloyd's Syndicate Number 510					—	—	—	—	—	—	—	—	—	—	—	3		—	
AA-1126623	Lloyd's Syndicate Number 623					—	—	—	—	—	—	—	—	—	—	—	3		—	
AA-1127084	Lloyd's Syndicate Number 1084					—	1	—	1	1	—	1	—	1	1	1	3		—	
AA-1120156	Lloyd's Syndicate Number 1686					—	—	—	—	—	—	—	—	—	—	—	3		—	
AA-1120157	Lloyd's Syndicate Number 1729					—	—	—	—	—	—	—	—	—	—	—	3		—	
AA-1120171	Lloyd's Syndicate Number 1856					—	1	—	1	1	—	1	—	1	1	1	3		—	
AA-1128001	Lloyd's Syndicate Number 2001					—	1	—	1	1	—	1	—	1	1	1	3		—	

Annual Statement for the Year 2024 of the GRANGE INDEMNITY 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									35	36
		21	22	23	24				Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 – 27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 28*120%)	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 in Col. 34	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
	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													
AA-1128003	Lloyd's Syndicate Number 2003						–	1	–	1	–	2	–	2	–	2	3	–	
AA-1120179	Lloyd's Syndicate Number 2988						–	–	–	–	–	–	–	–	–	–	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	–	
AA-1126004	Lloyd's Syndicate Number 4444						–	6	–	6	7	–	7	–	7	7	2	–	
AA-3194130	Endurance Specialty Ins Ltd						–	2	–	2	2	–	2	–	2	2	2	–	
AA-1840000	Mapfre Re Compania de Reaseguros SA						–	–	–	–	–	–	–	–	–	–	2	–	
AA-3190686	Partner Reins Co Ltd						–	–	–	–	–	–	–	–	–	–	2	–	
AA-3190870	Validus Reins Ltd						–	–	–	–	–	–	–	–	–	–	3	–	
AA-1340125	Hannover Rueck SE						–	2	–	2	2	–	2	–	2	2	3	–	
1299999	– Total Authorized, Other Non-U.S. Insurers			XXX			–	22	–	22	27	–	27	–	27	XXX	1		
1499999	– Total Authorized Excluding Protected Cells			XXX			510	366,449	–	1,501	1,801	–	1,801	–	1,801	XXX	30		
Total Unauthorized, Other Non-U.S. Insurers																			
AA-1120191	CONVEX Ins UK					0001			–	–	–	–	–	–	–	–	3	–	
AA-3191190	Hamilton Re Ltd					–			–	–	–	–	–	–	–	4	–		
AA-1460080	Helvetia Schweizerische VeriAG						–	–	–	–	–	–	–	–	–	2	–		
AA-1340028	DEVK						–	–	–	–	–	–	–	–	–	3	–		
AA-1780116	CHAUCER INSURANCE COMPANY			2	0002		2	–	–	2	2	–	2	2	2	2	–		
AA-3191437	Group ARK Ins Ltd Bermuda			9	0003		9	–	–	9	11	–	11	9	2	3	–		
AA-5420050	KOREAN REINSURANCE COMPANY			9	0003		9	–	–	9	11	–	11	9	2	3	–		
AA-1440060	Lansforsakringar Sak Fors			–	–		–	–	–	–	–	–	–	–	–	3	–		
AA-3194122	DaVinci Reins Ltd			–	–		–	–	–	–	–	–	–	–	–	2	–		
AA-1460019	MS AMLIN AG BERMUDA BRANCH			1	0004		1	–	–	1	1	–	1	1	1	3	–		
AA-1440076	SIRIUS INTERNATIONAL INS CORP			1	0004		1	–	–	1	1	–	1	1	1	4	–		
AA-5324100	TAIPEI REINSURANCE CO LTD			2	0005		2	–	–	2	2	–	2	2	2	3	–		
AA-3191432	Vantage Risk Ltd			–	–		–	–	–	–	–	–	–	–	–	4	–		
2699999	– Total Unauthorized, Other Non-U.S. Insurers			14	XXX		1	15	–	–	15	18	–	18	15	3	XXX	–	
2899999	– Total Unauthorized Excluding Protected Cells			14	XXX		1	15	–	–	15	18	–	18	15	3	XXX	–	
Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																			
RJ-3194126	Arch Reins Ltd							22	–	22	27			27		27	2	1	
RJ-3190770	Chubb Tempest Reins Ltd							2,910	–	2,910	3,493			3,493		3,493	2	73	
RJ-3191289	Fidelis Ins Bermuda Ltd							2	–	2	3			3		3	3	–	
RJ-1120175	Fidelis Underwriting Ltd							4	–	4	5			5		5	3	–	
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd							5	–	5	6			6		6	2	–	
5499999	– Total Reciprocal Jurisdiction, Other Non-U.S. Insurers				XXX			2,944	–	2,944	3,533			3,533		3,533	XXX	74	
5699999	– Total Reciprocal Jurisdiction Excluding Protected Cells				XXX			2,944	–	2,944	3,533			3,533		3,533	XXX	74	
5799999	– Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells			14	XXX		1	525	369,393	–	4,460	5,352	–	5,352	15	5,337	XXX	–	104
9999999	– Totals			14	XXX		1	525	369,393	–	4,460	5,352	–	5,352	15	5,337	XXX	–	104

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53	
		37	38	39	40	41	42	43											
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Overdue Total Cols. 38 + 39 + 40 + 41	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days	Past Due Amounts in Dispute Included in Cols. 40 & 41	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																		YES	
31-4192970	GRANGE INS CO																	-	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling																		XXX	
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																		XXX	
Total Authorized, Other U.S. Unaffiliated Insurers																			
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO		-							-								YES	
51-0434766	AXIS REINS CO		-							-								YES	
47-0574325	BERKLEY INS CO		-							-								YES	
42-0234980	EMPLOYERS MUT CAS CO		-							-								YES	
35-2293075	ENDURANCE ASSUR CORP		-							-								YES	
13-2673100	GENERAL REINS CORP		-							-								YES	
52-1952955	RENAISSANCE REINS US INC		-							-								YES	
47-0698507	ODYSSEY REINS CO		-							-								YES	
13-1675535	SWISS REINS AMER CORP		-							-								YES	
42-0644327	UNITED FIRE & CAS CO		-							-								YES	
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-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-1120198	Lloyd's Syndicate Number 1618																	YES	
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-1120179	Lloyd's Syndicate Number 2988																	YES	
AA-1128010	Lloyd's Syndicate Number 2010																	YES	
AA-1128623	Lloyd's Syndicate Number 2623																	YES	

Annual Statement for the Year 2024 of the GRANGE INDEMNITY 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	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)										
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50		
AA-1128623	Lloyd's Syndicate Number 2623																YES		
AA-1128791	Lloyd's Syndicate Number 2791																YES		
AA-1126004	Lloyd's Syndicate Number 4444																YES		
AA-3194130	Endurance Specialty Ins Ltd																YES		
AA-1840000	Mapfre Re Compania de Reaseguros SA																YES		
AA-3190686	Partner Reins Co Ltd																YES		
AA-3190870	Validus Reins Ltd																YES		
AA-1340125	Hannover Rueck SE																YES		
1299999 - Total Authorized, Other Non-U.S. Insurers																	XXX		
1499999 - Total Authorized Excluding Protected Cells		-						-									XXX		
Total Unauthorized, Other Non-U.S. Insurers																			
AA-1120191	CONVEX Ins UK																	YES	
AA-3191190	Hamilton Re Ltd																YES		
AA-1460080	Helvetia Schweizerische VeriAG																YES		
AA-1340028	DEVK																YES		
AA-1780116	CHAUCER INSURANCE COMPANY																YES		
AA-3191437	Group ARK Ins Ltd Bermuda																YES		
AA-5420050	KOREAN REINSURANCE COMPANY																YES		
AA-1440060	Lansforsakringar Sak Fors																YES		
AA-3194122	DaVinci Reins Ltd																YES		
AA-1460019	MS AMLIN AG BERMUDA BRANCH																YES		
AA-1440076	SIRIUS INTERNATIONAL INS CORP																YES		
AA-5324100	TAIPING REINSURANCE CO LTD																YES		
AA-3191432	Vantage Risk Ltd																YES		
2699999 - Total Unauthorized, Other Non-U.S. Insurers																	XXX		
2899999 - Total Unauthorized Excluding Protected Cells																	XXX		
Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																			
RJ-3194126	Arch Reins Ltd																	YES	
RJ-3190770	Chubb Tempest Reins Ltd																	YES	
RJ-3191289	Fidelis Ins Bermuda Ltd																	YES	
RJ-1120175	Fidelis Underwriting Ltd																	YES	
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd																	YES	
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																		XXX	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells																		XXX	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		-							-									XXX	
9999999 - Totals		-							-									XXX	

Annual Statement for the Year 2024 of the GRANGE INDEMNITY INSURANCE COMPANY

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)		
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68		
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements (Col. 20 + Col. 21 + Col. 22 + Col.24) / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + Col. 45 * 20%)	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col.24; not to exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 – Col. 66)	20% of Amount in Col. 67			
Total Authorized, Affiliates, U.S. Intercompany Pooling																			
31-4192970	GRANGE INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling		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		
47-0574325	BERKLEY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42-0234980	EMPLOYERS MUT CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
35-2293075	ENDURANCE ASSUR CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13-2673100	GENERAL REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
52-1952955	RENAISSANCE REINS US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
47-0698507	ODYSSEY REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
42-0644327	UNITED FIRE & CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
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-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-1120198	Lloyd's Syndicate Number 1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1126033	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-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-1120179	Lloyd's Syndicate Number 2988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

Annual Statement for the Year 2024 of the GRANGE INDEMNITY INSURANCE COMPANY

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 – Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 45 * 20%])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 – Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 – Col. 66)	20% of Amount in Col. 67				
AA-1128010	Lloyd's Syndicate Number 2010	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1128791	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1126004	Lloyd's Syndicate Number 4444	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3194130	Endurance Specialty Ins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1840000	Mapfre Re Compania de Reaseguros SA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3190686	Partner Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3190870	Validus Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1340125	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
1299999 – Total Authorized, Other Non-U.S. Insurers		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	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-1460080	Helvetia Schweizerische VeriAG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1340028	DEVK	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1780116	CHAUCER INSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-3191437	Group ARK Ins Ltd Bermuda	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-5420050	KOREAN REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1440060	Lansforsakringar Sak Fors	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 BERMUDA BRANCH	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1440076	SIRIUS INTERNATIONAL INS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-5324100	TAIPING REINSURANCE 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 Reciprocal Jurisdiction, Other Non-U.S. Insurers																				
RJ-3194126	Arch Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-3190770	Chubb Tempest Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-3191289	Fidelis Ins Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-1120175	Fidelis Underwriting Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5499999 – Total Reciprocal Jurisdiction, Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5699999 – Total Reciprocal Jurisdiction Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		XXX	XXX	XXX				XXX	XXX											
9999999 – Totals		XXX	XXX	XXX				XXX	XXX											

Annual Statement for the Year 2024 of the GRANGE INDEMNITY INSURANCE COMPANY

SCHEDULE F - PART 3 (CONTINUED)

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Total Authorized, Affiliates, U.S. Intercompany Pooling										
31-4192970	GRANGE INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling										
Total Authorized, Other U.S. Unaffiliated Insurers										
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
51-0434766	AXIS REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
47-0574325	BERKLEY INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
42-0234980	EMPLOYERS MUT CAS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
35-2293075	ENDURANCE ASSUR CORP	—	XXX	XXX	—	—	—	XXX	XXX	—
13-2673100	GENERAL REINS CORP	—	XXX	XXX	—	—	—	XXX	XXX	—
52-1952955	RENAISSANCE REINS US INC	—	XXX	XXX	—	—	—	XXX	XXX	—
47-0698507	ODYSSEY REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
13-1675535	SWISS REINS AMER CORP	—	XXX	XXX	—	—	—	XXX	XXX	—
42-0644327	UNITED FIRE & CAS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
22-2005057	EVEREST REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
87-2252307	TRISURA INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
13-4924125	MUNICH REINS AMER INC	—	XXX	XXX	—	—	—	XXX	XXX	—
13-3138390	NAVIGATORS INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
23-1641984	QBE REINS CORP	—	XXX	XXX	—	—	—	XXX	XXX	—
13-5616275	TRANSATLANTIC REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
04-1543470	LIBERTY MUT INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers										
Total Authorized, Pools, Mandatory Pools										
AA-9991500	ILLINOIS 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										
Total Authorized, Other Non-U.S. Insurers										
AA-1120198	Lloyd's Syndicate Number 1618	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128987	Lloyd's Syndicate Number 2987	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1126033	Lloyd's Syndicate Number 33	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-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-1120179	Lloyd's Syndicate Number 2988	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128010	Lloyd's Syndicate Number 2010	—	XXX	XXX	—	—	—	XXX	XXX	—

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SCHEDULE F - PART 3 (CONTINUED)

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1128791	Lloyd's Syndicate Number 2791	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126004	Lloyd's Syndicate Number 4444	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-3194130	Endurance Specialty Ins Ltd.	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1840000	Mapfre Re Compania de Reaseguros SA	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-3190686	Partner Reins Co Ltd.	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-3190870	Validus Reins Ltd.	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1340125	Hannover Rueck SE	-	XXX	XXX	-	-	-	XXX	XXX	-
1299999	- Total Authorized, Other Non-U.S. Insurers	-	XXX	XXX	-	-	-	XXX	XXX	-
1499999	- Total Authorized Excluding Protected Cells	-	XXX	XXX	-	-	-	XXX	XXX	-
Total Unauthorized, Other Non-U.S. Insurers										
AA-1120191	CONVEX Ins UK	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-3191190	Hamilton Re Ltd.	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1460080	Helvetia Schweizerische VeriAG	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1340028	DEVK	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1780116	CHAUCER INSURANCE COMPANY	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-3191437	Group ARK Ins Ltd Bermuda	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-5420050	KOREAN REINSURANCE COMPANY	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1440060	Lansforsakringar Sak Fors	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-3194122	DaVinci Reins Ltd	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1460019	MS AMLIN AG BERMUDA BRANCH	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1440076	SIRIUS INTERNATIONAL INS CORP	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-5324100	TAIPING REINSURANCE 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 Reciprocal Jurisdiction, Other Non-U.S. Insurers										
RJ-3194126	Arch Reins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3190770	Chubb Tempest Reins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3191289	Fidelis Ins Bermuda Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-1120175	Fidelis Underwriting Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
5499999	- Total Reciprocal Jurisdiction, Other Non-U.S. Insurers	-	XXX	XXX	-	-	-	XXX	XXX	-
5699999	- Total Reciprocal Jurisdiction Excluding Protected Cells	-	XXX	XXX	-	-	-	XXX	XXX	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells			-	-	-	-	-	-	-	-
9999999 - Totals			-	-	-	-	-	-	-	-

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SCHEDULE F - PART 4

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
.0001	1	073000228	Wells Fargo	-
.0002	1	183098200	Australia and New Zealand Bank	2
.0003	1	026004226	Societe Generale	9
.0004	1	026002574	Barclays	1
.0005	1	021000089	Citibank Europe	2
9999999 - Totals				14

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.	GRANGE INS CO.....		444,162
2.	Chubb Tempest Reins Ltd.....		33,898
3.	HARTFORD STEAM BOIL INSPEC & INS CO.....		2,666
4.	SWISS REINS AMER CORP.....		1,601
5.	Fidelis Underwriting Ltd.....		553

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
6.	GRANGE INS CO.....	365,441	444,162	YES.....
7.	Chubb Tempest Reins Ltd.....	2,910	33,898	NO.....
8.	HARTFORD STEAM BOIL INSPEC & INS CO.....	1,384	2,666	NO.....
9.	GENERAL REINS CORP.....	33	118	NO.....
10.	Arch Reins Ltd.....	22	525	NO.....

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

SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	52,963,719		52,963,719
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.....	441,107		441,107
6. Net amount recoverable from reinsurers.....		(509,697)	(509,697)
7. Protected cell assets (Line 27).....		385,714,657	385,714,657
8. Totals (Line 28).....	53,404,826	385,204,960	438,609,787
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	-	167,060,233	167,060,233
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	332,272		332,272
11. Unearned premiums (Line 9).....		218,654,424	218,654,424
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).....	509,697	(509,697)	-
16. Amounts withheld or retained by company for account of others (Line 14).....			
17. Provision for reinsurance (Line 16).....			
18. Other liabilities.....	84,936		84,936
19. Total liabilities excluding protected cell business (Line 26).....	926,904	385,204,960	386,131,865
20. Protected cell liabilities (Line 27).....			
21. Surplus as regards policyholders (Line 37).....	52,477,922	XXX	52,477,922
22. Totals (Line 38).....	53,404,826	385,204,960	438,609,787

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 (\$000's Omitted)

NONE

(35) Schedule P - Part 1A - Columns 13 to 25 (\$000's Omitted)

NONE

(35) Schedule P - Part 1A - Columns 26 to 36 (\$000's Omitted)

NONE

(36) Schedule P - Part 1B - Columns 1 to 12 (\$000's Omitted)

NONE

(36) Schedule P - Part 1B - Columns 13 to 25 (\$000's Omitted)

NONE

(36) Schedule P - Part 1B - Columns 26 to 36 (\$000's Omitted)

NONE

(37) Schedule P - Part 1C - Columns 1 to 12 (\$000's Omitted)

NONE

(37) Schedule P - Part 1C - Columns 13 to 25 (\$000's Omitted)

NONE

(37) Schedule P - Part 1C - Columns 26 to 36 (\$000's Omitted)

NONE

(38) Schedule P - Part 1D - Columns 1 to 12 (\$000's Omitted)

NONE

(38) Schedule P - Part 1D - Columns 13 to 25 (\$000's Omitted)

NONE

(38) Schedule P - Part 1D - Columns 26 to 36 (\$000's Omitted)

NONE

(39) Schedule P - Part 1E - Columns 1 to 12 (\$000's Omitted)

NONE

(39) Schedule P - Part 1E - Columns 13 to 25 (\$000's Omitted)

NONE

(39) Schedule P - Part 1E - Columns 26 to 36 (\$000's Omitted)

NONE

(40) Schedule P - Part 1F - Section 1 - Columns 1 to 12 (\$000's Omitted)

NONE

(40) Schedule P - Part 1F - Section 1 - Columns 13 to 25 (\$000's Omitted)

NONE

(40) Schedule P - Part 1F - Section 1 - Columns 26 to 36 (\$000's Omitted)

NONE

(41) Schedule P - Part 1F - Section 2 - Columns 1 to 12 (\$000's Omitted)

NONE

(41) Schedule P - Part 1F - Section 2 - Columns 13 to 25 (\$000's Omitted)

NONE

(41) Schedule P - Part 1F - Section 2 - Columns 26 to 36 (\$000's Omitted)

NONE

(42) Schedule P - Part 1G - Columns 1 to 12 (\$000's Omitted)

NONE

(42) Schedule P - Part 1G - Columns 13 to 25 (\$000's Omitted)

NONE

(43) Schedule P - Part 1H - Section 1 - Columns 1 to 12 (\$000's Omitted)

NONE

(43) Schedule P - Part 1H - Section 1 - Columns 13 to 25 (\$000's Omitted)

NONE

(43) Schedule P - Part 1H - Section 1 - Columns 26 to 36 (\$000's Omitted)

NONE

(44) Schedule P - Part 1H - Section 2 - Columns 1 to 12 (\$000's Omitted)

NONE

(44) Schedule P - Part 1H - Section 2 - Columns 13 to 25 (\$000's Omitted)

NONE

(44) Schedule P - Part 1H - Section 2 - Columns 26 to 36 (\$000's Omitted)

NONE

(45) Schedule P - Part 1I - Columns 1 to 12 (\$000's Omitted)

NONE

(45) Schedule P - Part 1I - Columns 13 to 25 (\$000's Omitted)

NONE

(45) Schedule P - Part 1I - Columns 26 to 36 (\$000's Omitted)

NONE

(46) Schedule P - Part 1J - Columns 1 to 12 (\$000's Omitted)

NONE

(46) Schedule P - Part 1J - Columns 13 to 25 (\$000's Omitted)

NONE

(46) Schedule P - Part 1J - Columns 26 to 36 (\$000's Omitted)

NONE

(47) Schedule P - Part 1K - Columns 1 to 12 (\$000's Omitted)

NONE

(47) Schedule P - Part 1K - Columns 13 to 25 (\$000's Omitted)

NONE

(47) Schedule P - Part 1K - Columns 26 to 36 (\$000's Omitted)

NONE

(48) Schedule P - Part 1L - Columns 1 to 12 (\$000's Omitted)

NONE

(48) Schedule P - Part 1L - Columns 13 to 25 (\$000's Omitted)

NONE

(48) Schedule P - Part 1L - Columns 26 to 36 (\$000's Omitted)

NONE

(49) Schedule P - Part 1M - Columns 1 to 12 (\$000's Omitted)

NONE

(49) Schedule P - Part 1M - Columns 13 to 25 (\$000's Omitted)

NONE

(49) Schedule P - Part 1M - Columns 26 to 36 (\$000's Omitted)

NONE

(50) Schedule P - Part 1N - Columns 1 to 12 (\$000's Omitted)

NONE

(50) Schedule P - Part 1N - Columns 13 to 25 (\$000's Omitted)

NONE

(50) Schedule P - Part 1N - Columns 26 to 36 (\$000's Omitted)

NONE

(51) Schedule P - Part 10 - Columns 1 to 12 (\$000's Omitted)

NONE

(51) Schedule P - Part 10 - Columns 13 to 25 (\$000's Omitted)

NONE

(51) Schedule P - Part 10 - Columns 26 to 36 (\$000's Omitted)

NONE

(52) Schedule P - Part 1P - Columns 1 to 12 (\$000's Omitted)

NONE

(52) Schedule P - Part 1P - Columns 13 to 25 (\$000's Omitted)

NONE

(52) Schedule P - Part 1P - Columns 26 to 36 (\$000's Omitted)

NONE

(53) Schedule P - Part 1R - Section 1 - Columns 1 to 12 (\$000's Omitted)

NONE

(53) Schedule P - Part 1R - Section 1 - Columns 13 to 25 (\$000's Omitted)

NONE

(53) Schedule P - Part 1R - Section 1 - Columns 26 to 36 (\$000's Omitted)

NONE

(54) Schedule P - Part 1R - Section 2 - Columns 1 to 12 (\$000's Omitted)

NONE

(54) Schedule P - Part 1R - Section 2 - Columns 13 to 25 (\$000's Omitted)

NONE

(54) Schedule P - Part 1R - Section 2 - Columns 26 to 36 (\$000's Omitted)

NONE

(55) Schedule P - Part 1S - Columns 1 to 12 (\$000's Omitted)

NONE

(55) Schedule P - Part 1S - Columns 13 to 25 (\$000's Omitted)

NONE

(55) Schedule P - Part 1S - Columns 26 to 36 (\$000's Omitted)

NONE

(56) Schedule P - Part 1T - Columns 1 to 12 (\$000's Omitted)

NONE

(56) Schedule P - Part 1T - Columns 13 to 25 (\$000's Omitted)

NONE

(56) Schedule P - Part 1T - Columns 26 to 36 (\$000's Omitted)

NONE

(57) Schedule P - Part 1U - Columns 1 to 12 (\$000's Omitted)

NONE

(57) Schedule P - Part 1U - Columns 13 to 25 (\$000's Omitted)

NONE

(57) Schedule P - Part 1U - Columns 26 to 36 (\$000's Omitted)

NONE

(58) Schedule P - Part 2A - Homeowners/Farmowners (\$000's Omitted)

NONE

(58) Schedule P - Part 2B - Private Passenger Auto Liability/Medical (\$000's Omitted)

NONE

(58) Schedule P - Part 2C - Commercial Auto/Truck Liability/Medical (\$000's Omitted)

NONE

(58) Schedule P - Part 2D - Workers' Compensation (Excluding Excess Workers' Compensation) (\$000's Omitted)

NONE

(58) Schedule P - Part 2E - Commercial Multiple Peril (\$000's Omitted)

NONE

(59) Schedule P - Part 2F - Section 1 - Medical Professional Liability - Occurrence (\$000's Omitted)

NONE

(59) Schedule P - Part 2F - Section 2 - Medical Professional Liability - Claims-Made (\$000's Omitted)

NONE

(59) Schedule P - Part 2G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) (\$000's Omitted)

NONE

(59) Schedule P - Part 2H - Section 1 - Other Liability - Occurrence (\$000's Omitted)

NONE

(59) Schedule P - Part 2H - Section 2 - Other Liability - Claims-Made (\$000's Omitted)

NONE

(60) Schedule P - Part 2I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) (\$000's Omitted)

NONE

(60) Schedule P - Part 2J - Auto Physical Damage (\$000's Omitted)

NONE

(60) Schedule P - Part 2K - Fidelity, Surety (\$000's Omitted)

NONE

(60) Schedule P - Part 2L - Other (Including Credit, Accident and Health) (\$000's Omitted)

NONE

(60) Schedule P - Part 2M - International (\$000's Omitted)

NONE

(61) Schedule P - Part 2N - Reinsurance - Non Proportional Assumed Property (\$000's Omitted)

NONE

(61) Schedule P - Part 2O - Reinsurance - Non Proportional Assumed Liability (\$000's Omitted)

NONE

(61) Schedule P - Part 2P - Reinsurance - Non Proportional Assumed Financial Lines (\$000's Omitted)

NONE

(62) Schedule P - Part 2R - Section 1 - Products Liability - Occurrence (\$000's Omitted)

NONE

(62) Schedule P - Part 2R - Section 2 - Products Liability - Claims-Made (\$000's Omitted)

NONE

(62) Schedule P - Part 2S - Financial Guaranty/Mortgage Guaranty (\$000's Omitted)

NONE

(62) Schedule P - Part 2T - Warranty (\$000's Omitted)

NONE

(62) Schedule P - Part 2U - Pet Insurance Plans (\$000's Omitted)

NONE

(63) Schedule P - Part 3A - Homeowners/Farmowners (\$000's Omitted)

NONE

(63) Schedule P - Part 3B - Private Passenger Auto Liability/Medical (\$000's Omitted)

NONE

(63) Schedule P - Part 3C - Commercial Auto/Truck Liability/Medical (\$000's Omitted)

NONE

(63) Schedule P - Part 3D - Workers' Compensation (Excluding Excess Workers' Compensation) (\$000's Omitted)

NONE

(63) Schedule P - Part 3E - Commercial Multiple Peril (\$000's Omitted)

NONE

(64) Schedule P - Part 3F - Section 1 - Medical Professional Liability - Occurrence (\$000's Omitted)

NONE

(64) Schedule P - Part 3F - Section 2 - Medical Professional Liability - Claims-Made (\$000's Omitted)

NONE

(64) Schedule P - Part 3G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) (\$000's Omitted)

NONE

(64) Schedule P - Part 3H - Section 1 - Other Liability - Occurrence (\$000's Omitted)

NONE

(64) Schedule P - Part 3H - Section 2 - Other Liability - Claims-Made (\$000's Omitted)

NONE

(65) Schedule P - Part 3I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) (\$000's Omitted)

NONE

(65) Schedule P - Part 3J - Auto Physical Damage (\$000's Omitted)

NONE

(65) Schedule P - Part 3K - Fidelity/Surety (\$000's Omitted)

NONE

(65) Schedule P - Part 3L - Other (Including Credit, Accident and Health) (\$000's Omitted)

NONE

(65) Schedule P - Part 3M - International (\$000's Omitted)

NONE

(66) Schedule P - Part 3N - Reinsurance - Non Proportional Assumed Property (\$000's Omitted)

NONE

(66) Schedule P - Part 3O - Reinsurance - Non Proportional Assumed Liability (\$000's Omitted)

NONE

(66) Schedule P - Part 3P - Reinsurance - Non Proportional Assumed Financial Lines (\$000's Omitted)

NONE

(67) Schedule P - Part 3R - Section 1 - Products Liability - Occurrence (\$000's Omitted)

NONE

(67) Schedule P - Part 3R - Section 2 - Products Liability - Claims-Made (\$000's Omitted)

NONE

(67) Schedule P - Part 3S - Financial Guaranty/Mortgage Guaranty (\$000's Omitted)

NONE

(67) Schedule P - Part 3T - Warranty (\$000's Omitted)

NONE

(67) Schedule P - Part 3U - Pet Insurance Plans (\$000's Omitted)

NONE

(68) Schedule P - Part 4A - Homeowners/Farmowners (\$000's Omitted)

NONE

(68) Schedule P - Part 4B - Private Passenger Auto Liability/Medical (\$000's Omitted)

NONE

(68) Schedule P - Part 4C - Commercial Auto/Truck Liability/Medical (\$000's Omitted)

NONE

(68) Schedule P - Part 4D - Workers' Compensation (Excluding Excess Workers' Compensation) (\$000's Omitted)

NONE

(68) Schedule P - Part 4E - Commercial Multiple Peril (\$000's Omitted)

NONE

(69) Schedule P - Part 4F - Section 1 - Medical Professional Liability - Occurrence (\$000's Omitted)

NONE

(69) Schedule P - Part 4F - Section 2 - Medical Professional Liability - Claims-Made (\$000's Omitted)

NONE

(69) Schedule P - Part 4G - Special Liability (Ocean Marine, Aircraft (All Perils), Boiler and Machinery) (\$000's Omitted)

NONE

(69) Schedule P - Part 4H - Section 1 - Other Liability - Occurrence (\$000's Omitted)

NONE

(69) Schedule P - Part 4H - Section 2 - Other Liability - Claims-Made (\$000's Omitted)

NONE

(70) Schedule P - Part 4I - Special Property (Fire, Allied Lines, Inland Marine, Earthquake, Burglary & Theft) (\$000's Omitted)

NONE

(70) Schedule P - Part 4J - Auto Physical Damage (\$000's Omitted)

NONE

(70) Schedule P - Part 4K - Fidelity/Surety (\$000's Omitted)

NONE

(70) Schedule P - Part 4L - Other (Including Credit, Accident and Health) (\$000's Omitted)

NONE

(70) Schedule P - Part 4M - International (\$000's Omitted)

NONE

(71) Schedule P - Part 4N - Reinsurance - Non Proportional Assumed Property (\$000's Omitted)

NONE

(71) Schedule P - Part 4O - Reinsurance - Non Proportional Assumed Liability (\$000's Omitted)

NONE

(71) Schedule P - Part 4P - Reinsurance - Non Proportional Assumed Financial Lines (\$000's Omitted)

NONE

(72) Schedule P - Part 4R - Section 1 - Products Liability - Occurrence (\$000's Omitted)

NONE

(72) Schedule P - Part 4R - Section 2 - Products Liability - Claims-Made (\$000's Omitted)

NONE

(72) Schedule P - Part 4S - Financial Guaranty/Mortgage Guaranty (\$000's Omitted)

NONE

(72) Schedule P - Part 4T - Warranty (\$000's Omitted)

NONE

(72) Schedule P - Part 4U - Pet Insurance Plans (\$000's Omitted)

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

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

NONE

(85) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 1 (\$000's Omitted)

NONE

(85) Schedule P - Part 6C - Commercial Auto/Truck Liability/Medical - Section 2 (\$000's Omitted)

NONE

(85) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 1 (\$000's Omitted)

NONE

(85) Schedule P - Part 6D - Workers' Compensation (Excluding Excess Workers' Compensation) - Section 2 (\$000's Omitted)

NONE

(86) Schedule P - Part 6E - Commercial Multiple Peril - Section 1 (\$000's Omitted)

NONE

(86) Schedule P - Part 6E - Commercial Multiple Peril - Section 2 (\$000's Omitted)

NONE

(86) Schedule P - Part 6H - Other Liability - Occurrence - Section 1A (\$000's Omitted)

NONE

(86) Schedule P - Part 6H - Other Liability - Occurrence - Section 2A (\$000's Omitted)

NONE

(87) Schedule P - Part 6H - Other Liability - Claims-Made - Section 1B (\$000's Omitted)

NONE

(87) Schedule P - Part 6H - Other Liability - Claims-Made - Section 2B (\$000's Omitted)

NONE

(87) Schedule P - Part 6M - International - Section 1 (\$000's Omitted)

NONE

(87) Schedule P - Part 6M - International - Section 2 (\$000's Omitted)

NONE

(88) Schedule P - Part 6N - Reinsurance Non Proportional Assumed Property - Section 1 (\$000's Omitted)

NONE

(88) Schedule P - Part 6N - Reinsurance Non Proportional Assumed Property - Section 2 (\$000's Omitted)

NONE

(88) Schedule P - Part 6O - Reinsurance Non Proportional Assumed Liability - Section 1 (\$000's Omitted)

NONE

(88) Schedule P - Part 6O - Reinsurance Non Proportional Assumed Liability - Section 2 (\$000's Omitted)

NONE

(89) Schedule P - Part 6R - Products Liability - Occurrence - Section 1A (\$000's Omitted)

NONE

(89) Schedule P - Part 6R - Products Liability - Occurrence - Section 2A (\$000's Omitted)

NONE

(89) Schedule P - Part 6R - Products Liability - Claims-Made - Section 1B (\$000's Omitted)

NONE

(89) Schedule P - Part 6R - Products Liability - Claims-Made - Section 2B (\$000's Omitted)

NONE

SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

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

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	X	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	X	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	XX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	XX	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS

(\$000 OMITTED)

SECTION 1

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

SECTION 2

Years in Which Policies Were Issued	INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	X	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

Years in Which Policies Were Issued	BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
	1 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior.....										
2. 2015.....										
3. 2016.....	XXX									
4. 2017.....	XXX	XXX								
5. 2018.....	XXX	XXX	XXX							
6. 2019.....	XXX	XXX	XXX	XX						
7. 2020.....	XXX	XXX	XXX	X	XX					
8. 2021.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024.....	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XX						
7. 2020	XXX	XXX	XXX	XX	XX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XX						
7. 2020	XXX	XXX	XXX	XX	XX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XX						
7. 2020	XXX	XXX	XXX	XX	XX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	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 2015	2 2016	3 2017	4 2018	5 2019	6 2020	7 2021	8 2022	9 2023	10 2024
1. Prior										
2. 2015										
3. 2016	XXX									
4. 2017	XXX	XXX								
5. 2018	XXX	XXX	XXX							
6. 2019	XXX	XXX	XXX	XX						
7. 2020	XXX	XXX	XXX	XX	XX					
8. 2021	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2022	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P INTERROGATORIES

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

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

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

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

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

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

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1	2
Years in Which Premiums Were Earned and Losses Were Incurred	Section 1: Occurrence	
1.601. Prior.....
1.602. 2015.....
1.603. 2016.....
1.604. 2017.....
1.605. 2018.....
1.606. 2019.....
1.607. 2020.....
1.608. 2021.....
1.609. 2022.....
1.610. 2023.....
1.611. 2024.....
1.612. Totals.....

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

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

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

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

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

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

5. What were the net premiums (in thousands of dollars) in force at the end of the year for:
5.1. Fidelity..... \$.....
5.2. Surety..... \$.....

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

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

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

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

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

NONE

Annual Statement for the Year 2024 of the GRANGE INDEMNITY INSURANCE COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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Asterisk	Explanation

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)	
14060	31-4192970	GRANGE INSURANCE COMPANY.....	55,000,000	15,000,000			50,621,664		*		120,621,664	(955,299,661)	
10322	31-1432675	GRANGE INDEMNITY INSURANCE COMPANY.....		(15,000,000)					*		(15,000,000)	365,440,611	
40118	41-1405571	TRUSTGARD INSURANCE COMPANY.....		(20,000,000)					*		(20,000,000)	183,615,595	
11136	31-1769414	GRANGE INSURANCE COMPANY OF MICHIGAN.....		(10,000,000)					*		(10,000,000)	33,382,877	
11982	42-1610213	GRANGE PROPERTY & CASUALTY INSURANCE CO.....		(10,000,000)					*		(10,000,000)	127,050,766	
14303	39-0367560	INTEGRITY INSURANCE COMPANY.....		(5,000,000)				(50,903,657)	*		(55,903,657)	130,490,804	
12986	41-2236417	INTEGRITY PROPERTY & CASUALTY INS. CO.....		(10,000,000)					*		(10,000,000)	79,016,662	
10288	81-3455935	INTEGRITY SELECT INSURANCE COMPANY.....		—					*		—	36,302,346	
00000	31-1145043	GRANGEAMERICA.....					788,469				788,469		
00000	31-1193707	NORTHVIEW INSURANCE AGENCY.....					368,469				368,469		
00000	83-2982350	GRANGE MUTUAL HOLDING COMPANY.....		15,000,000	(15,000,000)			(874,945)				(874,945)	
00000	83-2949300	GRANGE HOLDINGS, INC.....								XXX		—	—
9999999 - Control Totals.....				—	—			—				—	—

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**REQUIRED FILINGS**

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
	March Filing
1. Will an actuarial opinion be filed by March 1?	YES
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	April Filing
5. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
6. Will Management's Discussion and Analysis be filed by April 1?	YES
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
	May Filing
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?	YES
	June Filing
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	Response
	March Filing
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15. Will the 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?	NO
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 0 3 2 2 2 0 2 4 4 2 0 0 0 0 0 0 0
12. No business written.	 1 0 3 2 2 2 0 2 4 2 4 0 0 0 0 0 0 0
13. No business written.	 1 0 3 2 2 2 0 2 4 3 6 0 0 0 0 0 0 0
14. No business written.	 1 0 3 2 2 2 0 2 4 4 5 5 0 0 0 0 0 0
15. No business written.	 1 0 3 2 2 2 0 2 4 4 9 0 0 0 0 0 0 0
16. No business written.	 1 0 3 2 2 2 0 2 4 3 8 5 0 0 0 0 0 0
17. No business written.	 1 0 3 2 2 2 0 2 4 4 0 1 0 0 0 0 0 0
18. No business written.	 1 0 3 2 2 2 0 2 4 3 6 5 0 0 0 0 0 0
19.	
20.	
21. Reinsurance attestation supplement filed	 1 0 3 2 2 2 0 2 4 4 0 0 0 0 0 0 0 0
22. No business written.	 1 0 3 2 2 2 0 2 4 5 0 0 0 0 0 0 0 0
23. No business written.	 1 0 3 2 2 2 0 2 4 5 0 5 0 0 0 0 0 0
24. No business written.	 1 0 3 2 2 2 0 2 4 2 2 4 0 0 0 0 0 0
25. No business written.	 1 0 3 2 2 2 0 2 4 2 2 5 0 0 0 0 0 0
26. No business written.	 1 0 3 2 2 2 0 2 4 2 2 6 0 0 0 0 0 0
27. No business written.	 1 0 3 2 2 2 0 2 4 5 5 5 0 0 0 0 0 0
28.	
29.	
30. No business written.	 1 0 3 2 2 2 0 2 4 2 3 0 0 0 0 0 0 0
31. No business written.	 1 0 3 2 2 2 0 2 4 3 0 6 0 0 0 0 0 0
32. No business written.	 1 0 3 2 2 2 0 2 4 2 1 0 0 0 0 0 0 0
33. No business written.	 1 0 3 2 2 2 0 2 4 2 1 6 0 0 0 0 0 0
34.	
35. No business written	 1 0 3 2 2 2 0 2 4 2 9 0 0 0 0 0 0 0
36. No business written.	 1 0 3 2 2 2 0 2 4 5 6 0 0 0 0 0 0 0
37. No business written	 1 0 3 2 2 2 0 2 4 5 6 5 0 0 0 0 0 0
38.	

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

	1 Loss Adjustment Expenses	2 Other Underwriting Expenses	3 Investment Expenses	4 Total
2404. Deferred Compensation.....			2,300	2,300
2405. Investment Banking Fees.....			43,446	43,446
2497. Summary of remaining write-ins for Line 24 from overflow page.....			45,746	45,746

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: 10322

	Direct Business Only			
	Prior Year		Current Year	
	1 Written Premium	2 Written Premium	3 Losses Paid (deducting salvage)	4 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.....	299,878	277,937	55,714	829,001
7. Personal umbrella.....	3,149,876	3,177,992	315,000	900,000
8. Employment liability.....	7,311	7,731	—	—
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).....	3,457,065	3,463,660	370,714	1,729,001
Details of Write-Ins				
0901. Commercial General Liability.....				
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.....				

OVERFLOW PAGE FOR WRITE-INS


MARKET CONDUCT ANNUAL STATEMENT (MCAS) PREMIUM EXHIBIT FOR YEAR

For The Year Ended December 31, 2024

(To Be Filed By March 1)

FOR THE STATE OF Georgia

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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.....	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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Illinois

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Indiana

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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.....	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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Kentucky

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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.....	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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Ohio

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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.....	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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Tennessee

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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, 2024

(To Be Filed By March 1)

FOR THE STATE OF Virginia

NAIC Group Code: 0267

NAIC Company Code: 10322

MCAS Lines of Business	1 MCAS Reportable Premium / Considerations (YES/NO)
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.....