



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

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

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

OFFICERS

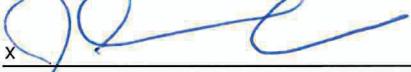
JOHN (NMN) AMMENDOLA, PRESIDENT & CEO..... BETH WILLIAMS MURPHY, EVP & SECRETARY.....
 CHERYL MCRAE LEBENS#, EVP & CFO.....

DIRECTORS OR TRUSTEES

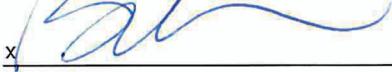
JOHN (NMN) AMMENDOLA.....	KATHIE JANE ANDRADE.....
ANNA HOLLIDAY BENSON#.....	JAMES MARTIN BENSON.....
MARK LEWIS BOXER.....	PHILIP NELSON DAVIS#.....
MICHAEL DESMOND FRAIZER.....	ROBERT ENLOW HOYT.....
CHERYL MCRAE LEBENS#.....	MARY MARNETTE PERRY.....
THOMAS SIMRALL STEWART.....	CHRISTIANNA (NMN) WOOD.....

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

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

 x

JOHN (NMN) AMMENDOLA
 PRESIDENT & CEO

 x

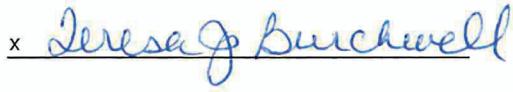
BETH WILLIAMS MURPHY
 EVP & SECRETARY

 x

CHERYL MCRAE LEBENS
 EVP & CFO

Subscribed and sworn to before me

this 18 day of
 February, 2025

 x

a. Is this an original filing? Yes

b. If no:

1. State the amendment number: _____
2. Date filed: _____
3. Number of pages attached: _____



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

EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2024

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

NAIC Group Code: 0267

NAIC Company Code: 11136

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees	
	1 Direct Premiums Written	2 Direct Premiums Earned											
1. Fire	195,966	198,763			103,741	1,422	297	13,666	387	2,570	32,255	2,842	
2.1 Allied Lines	105,460	109,161			54,004	91,961	31,624	7,141	4,906	5,137	1,256	1,530	
2.2 Multiple Peril Crop													
2.3 Federal Flood													
2.4 Private Crop													
2.5 Private Flood													
3. Farmowners Multiple Peril	280,407	248,204			144,570	811,815	830,051	31,618	915	2,181	3,002	46,637	4,068
4. Homeowners Multiple Peril	4,514,123	4,407,274			2,476,095	2,855,361	2,316,316	662,820	46,122	(20,710)	49,178	671,498	65,493
5.1 Commercial Multiple Peril (Non-Liability Portion)	6,797,061	6,979,132			3,183,059	6,280,161	5,604,454	1,094,533	87,442	100,379	140,287	1,130,609	98,616
5.2 Commercial Multiple Peril (Liability Portion)	3,345,435	3,352,621			1,393,212	1,778,319	2,459,637	8,937,875	254,753	54,255	2,141,685	555,191	48,537
6. Mortgage Guaranty													
8. Ocean Marine													
9.1 Inland marine	76,450	84,029			39,670	24,300	24,725	3,038		274	774	12,302	1,109
9.2 Pet insurance plans													
10. Financial Guaranty													
11.1 Medical Professional Liability – Occurrence													
11.2 Medical Professional Liability – Claims-Made													
12. Earthquake	2,363	2,302			720		150	172		6	6	367	34
13.1 Comprehensive (hospital and medical) ind (b)													
13.2 Comprehensive (hospital and medical) group (b)													
14. Credit A&H (Group and Individual)													
15.1 Vision Only (b)													
15.2 Dental Only (b)													
15.3 Disability Income (b)													
15.4 Medicare Supplement (b)													
15.5 Medicaid Title XIX (b)													
15.6 Medicare Title XVIII (b)													
15.7 Long-Term Care (b)													
15.8 Federal Employees Health Benefits Plan (b)													
15.9 Other Health (b)													
16. Workers' Compensation	1,475,313	1,436,020			541,236	556,103	1,278,842	1,405,593	41,570	64,358	146,104	143,670	21,405
17.1 Other Liability—Occurrence	816,578	851,917			351,352		(57,319)	1,158,649		4,228	15,376	136,029	11,839
17.2 Other Liability—Claims-Made		144			359		39	216		15	132	24	2
17.3 Excess Workers' Compensation													
18.1 Products Liability – Occurrence	22,171	28,074			8,166		8,875	16,331		5,087	9,985	3,687	322
18.2 Products Liability – Claims-Made													
19.1 Private Passenger Auto No-Fault (Personal Injury Protection)	563,931	593,959			128,090	1,723,850	3,711,452	135,254,584	24,124	(540,962)	169,987	84,053	8,182
19.2 Other Private Passenger Auto Liability	401,765	409,738			99,070	24,855	193,742	406,258	41,431	(17,838)	53,368	63,601	5,829
19.3 Commercial Auto No-Fault (Personal Injury Protection)	1,524,770	1,575,570			689,771	708,960	588,028	1,620,695	15,755	(25,713)	51,080	174,101	22,122
19.4 Other Commercial Auto Liability	3,340,291	3,252,811			1,604,337	2,301,951	2,294,265	4,344,485	350,361	371,963	495,839	478,430	48,463
21.1 Private Passenger Auto Physical Damage	641,551	655,185			161,682	258,905	249,463	5,551	194	1,955	2,381	102,602	9,308
21.2 Commercial Auto Physical Damage	3,435,925	3,454,833			1,655,214	1,906,301	1,899,569	139,857	6,956	10,587	21,086	506,593	49,850
22. Aircraft (all perils)													
23. Fidelity													
24. Surety													
26. Burglary and Theft	10,577	13,890			4,770	—	1,720	2,007	—	64	75	1,759	153
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	XXX
32. Reins nonproportional assumed liability	XXX	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	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. TOTAL (a)	27,550,181	27,653,843			12,638,887	19,324,265	21,435,930	155,105,091	874,530	15,653	3,304,170	4,160,924	399,706
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 \$127,741

(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.

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

EXHIBIT OF PREMIUMS AND LOSSES

BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2024

NAIC Group Code: 0267

NAIC Company Code: 11136

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire.....												
2.1 Allied Lines.....												
2.2 Multiple Peril Crop.....												
2.3 Federal Flood.....												
2.4 Private Crop.....												
2.5 Private Flood.....												
3. 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).....												
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15.3 Disability Income (b).....												
15.4 Medicare Supplement (b).....												
15.5 Medicaid Title XIX (b).....												
15.6 Medicare Title XVIII (b).....												
15.7 Long-Term Care (b).....												
15.8 Federal Employees Health Benefits Plan (b).....												
15.9 Other Health (b).....												
16. Workers' Compensation.....												
17.1 Other Liability–Occurrence.....												
17.2 Other Liability–Claims-Made.....												
17.3 Excess Workers' Compensation.....												
18.1 Products Liability – Occurrence.....												
18.2 Products Liability – Claims-Made.....												
19.1 Private Passenger Auto No-Fault (Personal Injury Protection).....												
19.2 Other Private Passenger Auto Liability.....												
19.3 Commercial Auto No-Fault (Personal Injury Protection).....												
19.4 Other Commercial Auto Liability.....												
21.1 Private Passenger Auto Physical Damage.....												
21.2 Commercial Auto Physical Damage.....												
22. Aircraft (all perils).....												
23. Fidelity.....												
24. Surety.....												
26. Burglary and Theft.....												
27. Boiler and Machinery.....												
28. Credit.....												
29. International.....												
30. Warranty.....												
31. Reins nonproportional assumed property.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate Write-Ins for Other Lines of Business.....												
35. TOTAL (a).....												
Details of Write-Ins												
3401.....												
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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 1 1 3 6 2 0 2 4 4 3 0 5 9 1 0 0

NAIC Group Code: 0267

NAIC Company Code: 11136

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6. Mortgage Guaranty													
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9.1 Inland marine	76,450	84,029			39,670	24,300	24,725	3,038		274	774	12,302	1,109
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11.1 Medical Professional Liability – Occurrence													
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23. Fidelity													
24. Surety													
26. Burglary and Theft	10,577	13,890			4,770	—	1,720	2,007	—	64	75	1,759	153
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	XXX
32. Reins nonproportional assumed liability	XXX	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	XXX
34. Aggregate Write-Ins for Other Lines of Business													
35. TOTAL (a)	27,550,181	27,653,843			12,638,887	19,324,265	21,435,930	155,105,091	874,530	15,653	3,304,170	4,160,924	399,706
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3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)													

(a) Finance and service charges not included in Lines 1 to 35 \$127,741

(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 INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 1

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust	
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7								
Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities															
AA-9992118		NATIONAL WORKERS COMP REINS POOL	NY	64		126	126				20				
1099999 - Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities				64		126	126				20				
1299999 - Total Pools and Associations				64		126	126				20				
9999999 - Totals				64		126	126				20				

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 INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties	
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers			
Total Authorized, Affiliates, U.S. Intercompany Pooling																				
31-4192970	14060	GRANGE INS CO	OH		25,584			11,111		10,056		12,216		33,383				33,383	4,248	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling					25,584			11,111		10,056		12,216		33,383				33,383	4,248	
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																				
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates					25,584			11,111		10,056		12,216		33,383				33,383	4,248	
Total Authorized, Other U.S. Unaffiliated Insurers																				
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		300	-		519		-		141		660					660	
51-0434766	20370	AXIS REINS CO	NY		1	-		1		-		-		1					1	
47-0574325	32603	BERKLEY INS CO	DE		106	-		-		-		51		51					51	
35-2293075	11551	ENDURANCE ASSUR CORP	DE		22	-		-		-		-		-						
13-2673100	22039	GENERAL REINS CORP	DE		147	-		13	-	449		48		509					509	
52-1952955	10357	RENAISSANCE REINS US INC	MD		187	-		-		-		-		-						
47-0698507	23680	ODYSSEY REINS CO	CT		57	-		-		-		-		-						
13-1675535	25364	SWISS REINS AMER CORP	NY		155	-		1		-		-		1					1	
42-0644327	13021	UNITED FIRE & CAS CO	IA		78	-		-		-		-		-						
22-2005057	26921	EVEREST REINS CO	DE		1	-		-		-		-		-						
87-2252307	22225	TRISURA INS CO	OK		25	-		-		-		-		-						
13-4924125	10227	MUNICH REINS AMER INC	DE		1	-		1		-		-		1					1	
13-3138390	42307	NAVIGATORS INS CO	NY		1	-		1		-		-		1					1	
13-5616275	19453	TRANSATLANTIC REINS CO	NY		55	-		1		-		-		1					1	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers					1,133	-		536	-	449		240		1,226					1,226	
Total Authorized, Pools, Mandatory Pools																				
AA-9991159		MICHIGAN CATASTROPHIC CLAIMS ASSN	MI		534	8,030		133,141				203		141,374					141,374	
1099999 - Total Authorized, Pools, Mandatory Pools					534	8,030		133,141				203		141,374					141,374	
Total Authorized, Other Non-U.S. Insurers																				
AA-1120198		Lloyd's Syndicate Number 1618	GBR		12	-		-		-		-		-						
AA-1128987		Lloyd's Syndicate Number 2987	GBR		20	-		-		-		-		-						
AA-1127084		Lloyd's Syndicate Number 1084	GBR		1	-		-		-		-		-						
AA-1128001		Lloyd's Syndicate Number 2001	GBR		4	-		-		-		-		-						
AA-1120179		Lloyd's Syndicate Number 2988	GBR		2	-		-		-		-		-						
AA-1128623		Lloyd's Syndicate Number 2623	GBR		1	-		-		-		-		-						
AA-1126609		Lloyd's Syndicate Number 609	GBR		4	-		-		-		-		-						
AA-3194130		Endurance Specialty Ins Ltd	BMU		1	-		1		-		-		1					1	
AA-1840000		Mapfre Re Compania de Reaseguros SA	ESP		1	-		-		-		-		-						
AA-3190870		Validus Reins Ltd	BMU		1	-		-		-		-		-						
AA-1340125		Hannover Rueck SE	DEU		225	-		-		-		-		-						
1299999 - Total Authorized, Other Non-U.S. Insurers					270	-		2		-		-		2					2	
1499999 - Total Authorized Excluding Protected Cells					27,521	8,030		144,790	-	10,504		12,659		175,984					175,984	4,248
Total Unauthorized, Other Non-U.S. Insurers																				
AA-1120191		CONVEX Ins UK	GBR		14	-		-		-		-		-						
AA-3191190		Hamilton Re Ltd	BMU		-			-		-		-		-						
AA-1460080		Helvetia	CHE		68	-		-		-		-		-						
AA-1340028		DEVK	DEU		-			-		-		-		-						
AA-1780116		CHAUCER INSURANCE COMPANY	IRL		-			-		-		-		-						
AA-5420050		KOREAN REINSURANCE COMPANY	KOR		1	-		1		-		-		1					1	
AA-1440060		Lansforsakringar Sak Forsak	SWE		-			-		-		-		-						
AA-3194122		DaVinci Reins Ltd	BMU		-			-		-		-		-						
AA-1460019		MS Amlin AG BERMUDA BRANCH	CHE		-			-		-		-		-						
AA-1440076		SIRIUS INTL INSURANCE CORP	SWE		-			-		-		-		-						

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
AA-5324100		TAIPING REINSURANCE CO LTD	HKG		—	—	—	—	—	—	—	—	—	—	—	—	—		
AA-3191432		Vantage Risk Ltd	BMU		—	—	—	—	—	—	—	—	—	—	—	—	—		
2699999 - Total Unauthorized, Other Non-U.S. Insurers					85	—	—	2	—	—	—	—	—	—	2	—	—		
2899999 - Total Unauthorized Excluding Protected Cells					85	—	—	2	—	—	—	—	—	—	2	—	—		
Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																			
RJ-3194126		Arch Reins Ltd	BMU		1	—	—	3	—	—	—	—	—	—	3	—	—	3	
RJ-3191289		Fidelis Ins Bermuda Ltd	BMU		1	—	—	—	—	—	—	—	—	—	—	—	—	—	
RJ-1120175		Fidelis Underwriting Ltd	GBR		2	—	—	1	—	—	—	—	—	—	1	—	—	1	
RJ-3190875		Hiscox Ins Co (Bermuda) Ltd	BMU		—	—	—	1	—	—	—	—	—	—	1	—	—	1	
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers					5	—	—	4	—	—	—	—	—	—	4	—	—	4	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells					5	—	—	4	—	—	—	—	—	—	4	—	—	4	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					27,610	8,030	—	144,796	—	10,504	—	12,659	—	175,990	—	—	175,990	4,248	
9999999 - Totals					27,610	8,030	—	144,796	—	10,504	—	12,659	—	175,990	—	—	175,990	4,248	

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk									
		21	22	23	24				Net Recoverable From Reinsurers Less Penalty (Col. 15 - 27)	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Col. 28*120%)	Reinsurance Payable & Funds Held (Col. 17+18+20; but not in excess of Col. 29)	Stressed Recoverable (Col. 29 - 30)	30	31	32	33	34
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Recoverable From Reinsurers Less Penalty (Col. 28*120%)	Stressed Recoverable (Col. 29 - 30)	Reinsurance Payable & Funds Held (Col. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Col. 29 - 30)	Total Collateral (Col. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Col. 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						4,248	29,135	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling				XXX			4,248	29,135	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total				XXX						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates				XXX			4,248	29,135	-								XXX	
Total Authorized, Other U.S. Unaffiliated Insurers																		
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO						-	660	-	660	792	-	792	792	1			13
51-0434766	AXIS REINS CO						-	1	-	1	1	-	1	1	3			-
47-0574325	BERKLEY INS CO						-	51	-	51	62	-	62	62	2			1
35-2293075	ENDURANCE ASSUR CORP						-	-	-	-	-	-	-	-	2			-
13-2673100	GENERAL REINS CORP						-	509	-	509	611	-	611	611	1			10
52-1952955	RENAISSANCE REINS US INC						-	-	-	-	-	-	-	-	2			-
47-0698507	ODYSSEY REINS CO						-	-	-	-	-	-	-	-	2			-
13-1675535	SWISS REINS AMER CORP						-	1	-	1	2	-	2	2	2			-
42-0644327	UNITED FIRE & CAS CO						-	-	-	-	-	-	-	-	4			-
22-2005057	EVEREST REINS CO						-	-	-	-	-	-	-	-	2			-
87-2252307	TRISURA INS CO						-	-	-	-	-	-	-	-	4			-
13-4924125	MUNICH REINS AMER INC						-	1	-	1	1	-	1	1	1	2		-
13-3138390	NAVIGATORS INS CO						-	1	-	1	1	-	1	1	1	3		-
13-5616275	TRANSATLANTIC REINS CO						-	1	-	1	1	-	1	1	1	2		-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers				XXX			-	1,226	-	1,226	1,471	-	1,471	1,471	XXX			24
Total Authorized, Pools, Mandatory Pools																		
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN						141,374	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999 - Total Authorized, Pools, Mandatory Pools				XXX			141,374	-	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			-
AA-1127084	Lloyd's Syndicate Number 1084						-	-	-	-	-	-	-	-	3			-
AA-1128001	Lloyd's Syndicate Number 2001						-	-	-	-	-	-	-	-	3			-
AA-1120179	Lloyd's Syndicate Number 2988						-	-	-	-	-	-	-	-	3			-
AA-1128623	Lloyd's Syndicate Number 2623						-	-	-	-	-	-	-	-	3			-
AA-1126609	Lloyd's Syndicate Number 609						-	-	-	-	-	-	-	-	3			-
AA-3194130	Endurance Specialty Ins Ltd						-	1	-	1	1	-	1	1	2			-
AA-1840000	Mapfre Re Compania de Reaseguros SA						-	-	-	-	-	-	-	-	2			-
AA-3190870	Validus Reins Ltd						-	-	-	-	-	-	-	-	3			-
AA-1340125	Hannover Rueck SE						-	-	-	-	-	-	-	-	3			-
1299999 - Total Authorized, Other Non-U.S. Insurers				XXX			-	2	-	2	2	-	2	2	XXX			-
1499999 - Total Authorized Excluding Protected Cells				XXX			4,248	171,736	-	1,227	1,473	-	1,473	1,473	XXX			24
Total Unauthorized, Other Non-U.S. Insurers																		
AA-1120191	CONVEX Ins UK						-	0001		-	-	-	-	-	-	3		-
AA-3191190	Hamilton Re Ltd			-			-	-		-	-	-	-	-	4		-	-

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				Net Recoverable From Reinsurers Less Penalty (Cols. 15 – 27)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 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)	Stressed Recoverable (Col. 28*120%)	Stressed Recoverable (Col. 29 – 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 – 32)	Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un- collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)			
AA-1460080	Helvetica					–	–	–	–	–	–	–	–	–	2		
AA-1340028	DEVK					–	–	–	–	–	–	–	–	–	3		
AA-1780116	CHAUCER INSURANCE COMPANY			–	0002	–	–	–	–	–	–	–	–	–	2		
AA-5420050	KOREAN REINSURANCE COMPANY			1	0003	1	–	–	1	1	–	1	1	–	3		
AA-1440060	Lansforsakringar Sak Forsak					–	–	–	–	–	–	–	–	–	3		
AA-3194122	DaVinci Reins Ltd					–	–	–	–	–	–	–	–	–	2		
AA-1460019	MS AMLIN AG BERMUDA BRANCH				0004	–	–	–	–	–	–	–	–	–	3		
AA-1440076	SIRIUS INTL INSURANCE CORP				0005	–	–	–	–	–	–	–	–	–	4		
AA-5324100	TAIPEI REINSURANCE CO LTD					–	–	–	–	–	–	–	–	–	3		
AA-3191432	Vantage Risk Ltd					–	–	–	–	–	–	–	–	–	4		
2699999 – Total Unauthorized, Other Non-U.S. Insurers		2	XXX		–	2	–	–	2	2	–	2	2	–	XXX	–	–
2899999 – Total Unauthorized Excluding Protected Cells		2	XXX		–	2	–	–	2	2	–	2	2	–	XXX	–	–
Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																	
RJ-3194126	Arch Reins Ltd					–	3	–	3	3	–	3	–	3	2		–
RJ-3191289	Fidelis Ins Bermuda Ltd					–	–	–	–	–	–	–	–	–	3		
RJ-1120175	Fidelis Underwriting Ltd					–	1	–	1	1	–	1	–	1	3		
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd					–	1	–	1	1	–	1	–	1	2		
5499999 – Total Reciprocal Jurisdiction, Other Non-U.S. Insurers			XXX			–	4	–	4	5	–	5	–	5			
5699999 – Total Reciprocal Jurisdiction Excluding Protected Cells			XXX			–	4	–	4	5	–	5	–	5	XXX		
5799999 – Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		2	XXX		–	4,250	171,740	–	1,233	1,480	–	1,480	2	1,478	XXX	–	24
9999999 – Totals		2	XXX		–	4,250	171,740	–	1,233	1,480	–	1,480	2	1,478	XXX	–	24

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 of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
Total Authorized, Affiliates, U.S. Intercompany Pooling																		
31-4192970	GRANGE INS CO																YES	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling																		
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																		
Total Authorized, Other U.S. Unaffiliated Insurers																		
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO																YES	
51-0434766	AXIS REINS CO																YES	
47-0574325	BERKLEY INS CO																YES	
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	
13-5616275	TRANSATLANTIC REINS CO																YES	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																		
Total Authorized, Pools, Mandatory Pools																		
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	8,030							8,030			8,030					YES	
1099999 - Total Authorized, Pools, Mandatory Pools																		
Total Authorized, Other Non-U.S. Insurers																		
AA-1120198	Lloyd's Syndicate Number 1618																YES	
AA-1128987	Lloyd's Syndicate Number 2987																YES	
AA-1127084	Lloyd's Syndicate Number 1084																YES	
AA-1128001	Lloyd's Syndicate Number 2001																YES	
AA-1120179	Lloyd's Syndicate Number 2988																YES	
AA-1128623	Lloyd's Syndicate Number 2623																YES	
AA-1126609	Lloyd's Syndicate Number 609																YES	
AA-3194130	Endurance Specialty Ins Ltd																YES	
AA-1840000	Mapfre Re Compania de Reaseguros SA																YES	
AA-3190870	Validus Reins Ltd																YES	
AA-1340125	Hannover Rueck SE																YES	
1299999 - Total Authorized, Other Non-U.S. Insurers																		
1499999 - Total Authorized Excluding Protected Cells																		
Total Unauthorized, Other Non-U.S. Insurers																		
AA-1120191	CONVEX Ins UK																YES	
AA-3191190	Hamilton Re Ltd																YES	
AA-1460080	Helvetia																YES	
AA-1340028	DEVK																YES	
AA-1780116	CHAUCER INSURANCE COMPANY																YES	

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53	
		37	38	39	40	41	42	43											
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Due Cols. 37 + 42	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Total Recoverable on Paid Losses & LAE Over 90 Days	Total Recoverable on Paid Losses & LAE 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
AA-5420050	KOREAN REINSURANCE COMPANY																YES	—	
AA-1440060	Lansforsakringar Sak Forsak																YES	—	
AA-3194122	DaVinci Reins Ltd																YES	—	
AA-1460019	MS AMLIN AG BERMUDA BRANCH																YES	—	
AA-1440076	SIRIUS INTL INSURANCE 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-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	8,030							8,030			8,030						XXX	—	
9999999 - Totals	8,030							8,030			8,030						XXX	—	

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															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	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	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	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	XXX		
51-0434766	AXIS REINS CO	XXX	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	XXX		
35-2293075	ENDURANCE ASSUR CORP	XXX	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	XXX		
52-1952955	RENAISSANCE REINS US INC	XXX	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	XXX		
13-1675535	SWISS REINS AMER CORP	XXX	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	XXX		
22-2005057	EVEREST REINS CO	XXX	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	XXX		
13-4924125	MUNICH REINS AMER INC	XXX	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	XXX		
13-5616275	TRANSATLANTIC REINS CO	XXX	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	XXX		
Total Authorized, Pools, Mandatory Pools																				
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
1099999 – Total Authorized, Pools, Mandatory Pools		XXX	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	XXX		
AA-1128987	Lloyd's Syndicate Number 2987	XXX	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	XXX		
AA-1128001	Lloyd's Syndicate Number 2001	XXX	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	XXX		
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1126609	Lloyd's Syndicate Number 609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-3194130	Endurance Specialty Ins Ltd	XXX	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	XXX		
AA-3190870	Validus Reins Ltd	XXX	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	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	XXX		
1499999 – Total Authorized Excluding Protected Cells		XXX	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	XXX		
AA-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
AA-1460080	Helvetia	XXX	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 INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1	2	Provision for Certified Reinsurance															69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)			
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0	66	67	68			
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col.24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements	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-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-5420050	KOREAN REINSURANCE COMPANY	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
AA-1440060	Lansforsakringar Sak Forsak	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 INTL INSURANCE 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-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	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
9999999 - Totals		XXX	XXX	XXX				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
Total Authorized, Affiliates, U.S. Intercompany Pooling										
31-4192970	GRANGE INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
0199999 – Total Authorized, Affiliates, U.S. Intercompany Pooling										
Total Authorized, Other U.S. Unaffiliated Insurers										
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
51-0434766	AXIS REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
47-0574325	BERKLEY INS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
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	—
13-5616275	TRANSATLANTIC REINS CO	—	XXX	XXX	—	—	—	XXX	XXX	—
0999999 – Total Authorized, Other U.S. Unaffiliated Insurers										
Total Authorized, Pools, Mandatory Pools										
AA-9991159	MICHIGAN CATASTROPHIC CLAIMS ASSN	—	XXX	XXX	—	—	—	XXX	XXX	—
1099999 – Total Authorized, Pools, Mandatory Pools										
Total Authorized, Other Non-U.S. Insurers										
AA-1120198	Lloyd's Syndicate Number 1618	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128987	Lloyd's Syndicate Number 2987	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1127084	Lloyd's Syndicate Number 1084	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128001	Lloyd's Syndicate Number 2001	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1120179	Lloyd's Syndicate Number 2988	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1128623	Lloyd's Syndicate Number 2623	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1126609	Lloyd's Syndicate Number 609	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-3194130	Endurance Specialty Ins Ltd	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-1840000	Mapfre Re Compania de Reaseguros SA	—	XXX	XXX	—	—	—	XXX	XXX	—
AA-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										
1499999 – Total Authorized Excluding Protected Cells										
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	—	—	—	—	XXX	XXX	XXX	XXX	—
AA-1340028	DEVK	—	—	—	—	XXX	XXX	XXX	XXX	—
AA-1780116	CHAUCER INSURANCE COMPANY	—	—	—	—	XXX	XXX	XXX	XXX	—

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 3 (CONTINUED)

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	70 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance			
			71 Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	72 Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	73 Complete if Col. 52 = "Yes"; Otherwise Enter 0 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	74 Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	75 Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	76 Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	77 Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	78 Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-5420050	KOREAN REINSURANCE COMPANY	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1440060	Lansforsakringar Sak Forsak	-	-	-	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 INTL INSURANCE CORP	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-5324100	TAIPEI 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-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		-	-	-	-	-	-	-	-	-

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE F - PART 4

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

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

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

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

	1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.	GRANGE INS CO.....		25,584
2.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....		534
3.	HARTFORD STEAM BOIL INSPEC & INS CO.....		300
4.	Hannover Rueck SE.....		225
5.	RENAISSANCE REINS US INC.....		187

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
6.	MICHIGAN CATASTROPHIC CLAIMS ASSN.....	141,374	534	NO
7.	GRANGE INS CO.....	33,383	25,584	YES
8.	HARTFORD STEAM BOIL INSPEC & INS CO.....	660	300	NO
9.	GENERAL REINS CORP.....	509	147	NO
10.	BERKLEY INS CO.....	51	106	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).....	36,950,533		36,950,533
2. Premiums and considerations (Line 15).....			—
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	8,030,325	(8,030,325)	—
4. Funds held by or deposited with reinsured companies (Line 16.2).....			
5. Other assets.....	310,400		310,400
6. Net amount recoverable from reinsurers.....		(4,248,397)	(4,248,397)
7. Protected cell assets (Line 27).....		47,961,439	47,961,439
8. Totals (Line 28).....	45,291,258	35,682,717	80,973,975
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	—	27,271,926	27,271,926
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	186,563		186,563
11. Unearned premiums (Line 9).....		12,659,188	12,659,188
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).....		4,248,397	(4,248,397)
16. Amounts withheld or retained by company for account of others (Line 14).....			
17. Provision for reinsurance (Line 16).....			
18. Other liabilities.....	59,258		59,258
19. Total liabilities excluding protected cell business (Line 26).....	4,494,218	35,682,717	40,176,935
20. Protected cell liabilities (Line 27).....			
21. Surplus as regards policyholders (Line 37).....		XXX	40,797,040
22. Totals (Line 38).....	45,291,258	35,682,717	80,973,975

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 INSURANCE COMPANY OF MICHIGAN

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	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
	GRANGE INSURANCE POOL	40118	41-1405571			TRUSTGARD INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
	GRANGE INSURANCE POOL	11136	31-1769414			GRANGE INSURANCE COMPANY OF MICHIGAN	OH	RE	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
	GRANGE INSURANCE POOL	11982	42-1610213			GRANGE PROPERTY & CASUALTY INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
	GRANGE INSURANCE POOL	14303	39-0367560			INTEGRITY INSURANCE COMPANY	OH	IA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
	GRANGE INSURANCE POOL	10288	81-3455935			INTEGRITY SELECT INSURANCE COMPANY	OH	IA	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
	GRANGE INSURANCE POOL	12986	41-2236417			INTEGRITY PROPERTY & CASUALTY INSURANCE COMPANY	OH	IA	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
			31-1145043			GRANGEAMERICA	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
			31-1193707			NORTHVIEW INSURANCE AGENCY	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		
			83-2982350			GRANGE MUTUAL HOLDING COMPANY	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	Board of Directors		GRANGE MUTUAL HOLDING COMPANY	NO		
			83-2949300			GRANGE HOLDINGS, INC.	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO		

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Asterisk	Explanation

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
14060	31-4192970	GRANGE INSURANCE COMPANY.....	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.....			—	—			—				—	—

Annual Statement for the Year 2024 of the GRANGE INSURANCE COMPANY OF MICHIGAN

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**REQUIRED FILINGS**

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

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

SUPPLEMENTAL FILINGS

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

	Response
March Filing	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?	NO
15. Will the 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?	YES
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?	NO
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?	YES
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?	YES
April Filing	
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?	NO
34. Will the Cybersecurity and Identity Theft Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?	YES
35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?	NO
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
August Filing	
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. No business written.	 1 1 1 3 6 2 0 2 4 4 2 0 0 0 0 0 0 0
12. No business written.	 1 1 1 3 6 2 0 2 4 2 4 0 0 0 0 0 0 0
13. No business written.	 1 1 1 3 6 2 0 2 4 3 6 0 0 0 0 0 0 0
14. No business written.	 1 1 1 3 6 2 0 2 4 4 5 5 0 0 0 0 0 0
15. No business written.	 1 1 1 3 6 2 0 2 4 4 9 0 0 0 0 0 0 0
16. No business written.	 1 1 1 3 6 2 0 2 4 3 8 5 0 0 0 0 0 0
17. No business written.	 1 1 1 3 6 2 0 2 4 4 0 1 0 0 0 0 0 0
18. No business written.	 1 1 1 3 6 2 0 2 4 3 6 5 0 0 0 0 0 0
19.	
20.	
21. Reinsurance attestation supplement filed	 1 1 1 3 6 2 0 2 4 4 0 0 0 0 0 0 0 0
22. No business written.	 1 1 1 3 6 2 0 2 4 5 0 0 0 0 0 0 0 0
23.	
24. No business written.	 1 1 1 3 6 2 0 2 4 2 2 4 0 0 0 0 0 0
25. No business written.	 1 1 1 3 6 2 0 2 4 2 2 5 0 0 0 0 0 0
26. No business written.	 1 1 1 3 6 2 0 2 4 2 2 6 0 0 0 0 0 0
27. No business written.	 1 1 1 3 6 2 0 2 4 5 5 5 0 0 0 0 0 0
28.	
29.	
30. No business written.	 1 1 1 3 6 2 0 2 4 2 3 0 0 0 0 0 0 0
31. No business written.	 1 1 1 3 6 2 0 2 4 3 0 6 0 0 0 0 0 0
32. No business written.	 1 1 1 3 6 2 0 2 4 2 1 0 0 0 0 0 0 0
33. No business written.	 1 1 1 3 6 2 0 2 4 2 1 6 0 0 0 0 0 0
34.	
35. No business written.	 1 1 1 3 6 2 0 2 4 2 9 0 0 0 0 0 0 0
36. No business written.	 1 1 1 3 6 2 0 2 4 5 6 0 0 0 0 0 0 0
37. No business written.	 1 1 1 3 6 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.....			1,605	1,605
2405. Investment Banking Fees.....			30,310	30,310
2497. Summary of remaining write-ins for Line 24 from overflow page.....			31,915	31,915

OVERFLOW PAGE FOR WRITE-INS



DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT

For The Year Ended December 31, 2024
(To Be Filed by March 1)

NAIC Group Code: 0267

NAIC Company Code: 11136

Company Name: GRANGE INSURANCE COMPANY OF MICHIGAN

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?..... YES.....

2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?..... YES.....

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

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

2.32 Amount estimated using reasonable assumptions:..... \$..... 359

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

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1 Paid	2 Paid + Change in Case Reserves	3 Paid	4 Paid + Change in Case Reserves	5 Claims Made	6 Occurrence
\$.....	\$..... 39	\$.....	\$..... 172	%.....	%.....



EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS

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

To Be Filed by March 1

NAIC Group Code: 0267

NAIC Company Code: 11136

	Direct Business Only			
	Prior Year		Current Year	
	1 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).....	450	144		
4. Environmental liability.....				
5. Excess workers' compensation.....				
6. Commercial excess & umbrella.....	808,558	768,946		
7. Personal umbrella.....	3,751	3,871		
8. Employment liability.....	1,322	1,745		
9. Aggregate write-ins for facilities and premises (CGL).....	40,135	42,016		
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....				
12. Total ASL 17 - other liability (sum of lines 1 through 11).....	854,216	816,722		
Details of Write-Ins				
0901. Commercial General Liability.....	40,135	42,016		
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.....	40,135	42,016		
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 Michigan

NAIC Group Code: 0267

NAIC Company Code: 11136

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.....