



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
INTEGRITY SELECT INSURANCE COMPANY

NAIC Group Code 0267, 0267 NAIC Company Code 10288 Employer's ID Number 81-3455935

Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Incorporated/Organized 08/04/2016 Commenced Business 01/10/2017
Statutory Home Office 671 South High Street Columbus, OH, US 43206-1066
Main Administrative Office 671 South High Street Columbus, OH, US 43206-1066 614-445-2900 (Telephone)
Mail Address 671 South High Street Columbus, OH, US 43206-1066
Primary Location of Books and Records 671 South High Street Columbus, OH, US 43206-1066 614-445-2900 (Telephone)
Internet Website Address www.integrityinsurance.com
Statutory Statement Contact 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.

Signatures of JOHN (NMN) AMMENDOLA, BETH WILLIAMS MURPHY, and CHERYL MCRAE LEBENS with their titles: PRESIDENT & CEO, EVP & SECRETARY, and EVP & CFO.

Subscribed and sworn to before me
this 17 day of
February, 2026

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

Signature of Notary Public: Teresa J Burchwell



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



**EXHIBIT OF PREMIUMS AND LOSSES  
BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2025**

NAIC Group Code: 0267

NAIC Company Code: 10288

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												200
2.1 Allied lines						(23)			(1)			
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												50
4. Homeowners multiple peril	7,533,235	5,791,788		4,220,805	1,782,268	1,747,981	420,944	6,563	21,275	57,107	1,033,177	126,219
5.1 Commercial multiple peril (non-liability portion)	1,503,958	1,382,149		626,520	120,732	159,796	99,261		6,395	16,559	278,094	25,169
5.2 Commercial multiple peril (liability portion)	788,937	715,656		307,665	50,339	314,903	1,395,048	9,835	13,337	268,725	154,967	13,203
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	66,839	49,593		38,266	19,409	1,569	1,023		(268)	87	9,746	1,169
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	4,330	4,403		2,378							626	72
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	3,776,877	2,458,879	14,055	1,347,580	540,959	1,919,751	1,405,051		253,872	261,176	384,432	63,256
17.1 Other liability—occurrence	221,348	129,982		131,385		80,043	152,562		1,141	2,063	35,804	4,399
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												50
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	418,172	400,073		196,046	200,631	100,022	369,778	2,547	6,219	52,975	75,960	6,998
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	212,987	209,017		93,861	123,093	121,809	13,951		(475)	1,144	38,689	3,664
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)	14,526,684	11,141,539	14,055	6,964,506	2,837,430	4,445,850	3,857,619	18,945	301,494	659,835	2,011,495	244,449
<b>Details of Write-Ins</b>												
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)												

19.1A

(a) Finance and service charges not included in Lines 1 to 35 \$15,546

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



**EXHIBIT OF PREMIUMS AND LOSSES  
BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR 2025**

NAIC Group Code: 0267

NAIC Company Code: 10288

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												425
4. Homeowners multiple peril	24,595,480	15,980,645		14,649,168	7,153,737	8,530,809	3,030,186	22,598	76,626	154,099	3,399,957	395,812
5.1 Commercial multiple peril (non-liability portion)	216,698	167,866		66,476	-	1,335	2,489		1,632	1,824	42,692	3,474
5.2 Commercial multiple peril (liability portion)	218,755	181,867		52,151	6,429	143,019	153,059		58,957	67,997	43,097	5,139
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	142,405	99,249		81,427	16,130	16,668	1,977		(447)	169	20,151	3,345
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	792	334		458							103	19
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	567,284	476,132		145,734	151,646	349,451	462,847	4,556	32,649	55,026	59,092	13,451
17.1 Other liability—occurrence	730,678	386,656		454,468	1,000,000	1,304,455	448,140		2,118	3,315	116,399	17,164
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)	2,632	1,908		934		(21)	(21)		78	79	466	62
19.4 Other commercial auto liability	32,615	24,257		10,577	3,326	19,279	16,482		3,127	3,245	5,773	766
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	22,813	14,242		10,634		107	129		64	69	4,038	532
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business												
35. TOTAL (a)	26,530,152	17,333,156		15,472,026	8,331,268	10,365,102	4,115,287	27,154	174,805	285,823	3,691,767	440,189
<b>Details of Write-Ins</b>												
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)												

19.MN

(a) Finance and service charges not included in Lines 1 to 35 \$16,408

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



**EXHIBIT OF PREMIUMS AND LOSSES  
BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2025**

NAIC Group Code: 0267

NAIC Company Code: 10288

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine												
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (group and individual)												
15.1 Vision only (b)												
15.2 Dental only (b)												
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)												
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)												
16. Workers' compensation												
17.1 Other liability—occurrence												
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability – occurrence												
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business												
35. TOTAL (a)												
<b>Details of Write-Ins</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

**NONE**

19.MO

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

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



**EXHIBIT OF PREMIUMS AND LOSSES  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2025**

NAIC Group Code: 0267

NAIC Company Code: 10288

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine												
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (group and individual)												
15.1 Vision only (b)												
15.2 Dental only (b)												
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)												
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)												
16. Workers' compensation												
17.1 Other liability—occurrence												
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability – occurrence												
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business												
35. TOTAL (a)												
<b>Details of Write-Ins</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

**NONE**

19.0H

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

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



**EXHIBIT OF PREMIUMS AND LOSSES  
BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2025**

NAIC Group Code: 0267

NAIC Company Code: 10288

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	612	125		487							122	12
2.1 Allied lines	749	153		596							150	14
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril	31,220,577	27,522,960		16,460,106	23,415,950	23,692,767	5,363,290	229,656	247,187	277,125	4,475,053	587,289
5.1 Commercial multiple peril (non-liability portion)	593,650	571,978		314,518	601,215	586,876	8,766	-	2,700	6,611	117,474	11,167
5.2 Commercial multiple peril (liability portion)	500,843	531,204		256,998	525,730	438,433	585,301	75,576	58,459	206,968	100,061	9,421
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	533,201	511,020		269,118	97,302	83,842	16,601	9,960	6,144	922	79,921	10,030
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	3,459	2,585		1,964							517	65
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	231,768	210,962	8,486	28,907	19,830	60,102	77,780	-	20,033	23,049	24,721	4,360
17.1 Other liability—occurrence	1,568,258	1,363,525		833,577		2,956,191	4,420,069	2,184	4,580	12,714	259,148	29,500
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	212,038	384,593		91,666	400,114	189,940	308,036	16,039	2,046	54,403	38,055	3,989
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	135,291	223,018		61,350	305,277	221,093	3,207	(909)	1,408	24,287	2,545	
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business												
35. TOTAL (a)	35,000,445	31,322,121	8,486	18,319,288	25,365,418	28,229,243	10,783,049	333,414	340,241	583,200	5,119,507	658,392
<b>Details of Write-Ins</b>												
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 \$152,897

(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 2025**

NAIC Group Code: 0267

NAIC Company Code: 10288

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	612	125		487							122	212
2.1 Allied lines	749	153		596		(23)			(1)		150	14
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												475
4. Homeowners multiple peril	63,349,292	49,295,393		35,330,079	32,351,955	33,971,556	8,814,419	258,817	345,088	488,330	8,908,186	1,109,321
5.1 Commercial multiple peril (non-liability portion)	2,314,306	2,121,993		1,007,515	721,947	748,008	110,515	-	10,728	24,993	438,259	39,810
5.2 Commercial multiple peril (liability portion)	1,508,535	1,428,727		616,814	582,497	896,355	2,133,408	85,411	130,752	543,690	298,125	27,763
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	742,446	659,862		388,812	132,842	102,078	19,601	9,960	5,430	1,179	109,817	14,544
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	8,581	7,323		4,800							1,246	156
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	4,575,929	3,145,972	22,541	1,522,220	712,434	2,329,304	1,945,678	4,556	306,554	339,251	468,245	81,067
17.1 Other liability—occurrence	2,520,284	1,880,162		1,419,429	1,000,000	4,340,688	5,020,771	2,184	7,840	18,092	411,351	51,063
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)												50
19.2 Other private passenger auto liability												62
19.3 Commercial auto no-fault (personal injury protection)	2,632	1,908		934		(21)	(21)		78	79	466	
19.4 Other commercial auto liability	662,825	808,922		298,289	604,071	309,240	694,296	18,586	11,392	110,623	119,788	11,753
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	371,091	446,277		165,845	428,370	343,009	17,288		(1,320)	2,621	67,014	6,741
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)	76,057,282	59,796,816	22,541	40,755,821	36,534,117	43,040,195	18,755,955	379,513	816,540	1,528,858	10,822,769	1,343,030
<b>Details of Write-Ins</b>												
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)												

19. GT

(a) Finance and service charges not included in Lines 1 to 35 \$184,851

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

(20) Schedule F - Part 1 (\$000's Omitted)

**NONE**

(21) Schedule F - Part 2

**NONE**

**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			
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>																				
31-4192970	14060	GRANGE INS CO	OH		73,851			9,727		8,607			40,101		58,435			58,435	(213)	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling					73,851		9,727		8,607			40,101		58,435				58,435	(213)	
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																				
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates					73,851		9,727		8,607			40,101		58,435				58,435	(213)	
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																				
51-0434766	20370	AXIS REINS CO	NY		-			20							20			20		
47-0574325	32603	BERKLEY INS CO	DE		14			2					4		6			6		
42-0234980	21415	EMPLOYERS MUT CAS CO	IA		-			8							8			8		
22-2005057	26921	EVEREST REINS CO	DE		51			8							8			8		
13-2673100	22039	GENERAL REINS CORP	DE		50			-					18		18			18		
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		1,151			-					633		633			633		
04-1543470	23043	LIBERTY MUT INS CO	MA		9			-							-			-		
13-4924125	10227	MUNICH REINS AMER INC	DE		-			32							32			32		
47-0355979	20087	NATIONAL IND CO	NE		20			-							-			-		
13-3138390	42307	NAVIGATORS INS CO	NY		18			31							31			31		
47-0698507	23680	ODYSSEY REINS CO	CT		22			-							-			-		
13-1675535	25364	SWISS REINS AMER CORP	NY		133			41							41			41		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		9			39							39			39		
42-0644327	13021	UNITED FIRE & CAS CO	IA		43			8							8			8		
13-1290712	20583	XL REINS AMER INC	NY		16			-							-			-		
74-2195939	42374	HOUSTON CAS CO	TX		16			-							-			-		
52-1952955	10357	RENAISSANCE REINS US INC	MD		110			4							4			4		
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers					1,662			195					655		850			850		
<b>Total Authorized, Other Non-U.S. Insurers</b>																				
AA-1127084		Lloyd's Syndicate Number 1084	GBR		14			16							16			16		
AA-1127414		Lloyd's Syndicate Number 1414	GBR		7			8							8			8		
AA-1120198		Lloyd's Syndicate Number 1618	GBR		-			3							3			3		
AA-1120156		Lloyd's Syndicate Number 1686	GBR		-			14							14			14		
AA-1120157		Lloyd's Syndicate Number 1729	GBR		2			-							-			-		
AA-1120171		Lloyd's Syndicate Number 1856	GBR		2			-							-			-		
AA-1128001		Lloyd's Syndicate Number 2001	GBR		14			-							-			-		
AA-1128121		Lloyd's Syndicate Number 2121	GBR		2			-							-			-		
AA-1128623		Lloyd's Syndicate Number 2623	GBR		4			-							-			-		
AA-1128791		Lloyd's Syndicate Number 2791	GBR		12			-							-			-		
AA-1120236		Lloyd's Syndicate Number 2843	GBR		14			-							-			-		
AA-1128987		Lloyd's Syndicate Number 2987	GBR		11			4							4			4		
AA-1120179		Lloyd's Syndicate Number 2988	GBR		3			-							-			-		
AA-1126033		Lloyd's Syndicate Number 33	GBR		18			3							3			3		
AA-1126435		Lloyd's Syndicate Number 435	GBR		4			2							2			2		
AA-1126510		Lloyd's Syndicate Number 510	GBR		-			4							4			4		
AA-1126609		Lloyd's Syndicate Number 609	GBR		10			-							-			-		
AA-1126623		Lloyd's Syndicate Number 623	GBR		1			6							6			6		
1299999 - Total Authorized, Other Non-U.S. Insurers					118			60							60			60		
1499999 - Total Authorized Excluding Protected Cells					75,631			9,981		8,607			40,756		59,344			59,344	(213)	
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																				
AA-1780116		Chaucer Ins Co Designated Activity Co	IRL		16			-							-			-		
AA-9240012		China Prop & Cas Reins Co Ltd	CHN		5			-							-			-		

**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-1340028		Devk Ruckversicherungs	DEU		12	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AA-1490002		Helvetia Swiss In Co	LIE		38	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AA-5420050		KOREAN REINS CO	KOR		12	-	-	8	-	-	-	-	-	8	-	-	-	8	-
AA-1440060		LANSFORSKRINGS BOLAG ENS AB	SWE		4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AA-5324100		Taiping Reins Co Ltd	HKG		-	-	-	7	-	-	-	-	-	7	-	-	-	7	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers					87	-	-	15	-	-	-	-	-	15	-	-	-	15	-
2899999 - Total Unauthorized Excluding Protected Cells					87	-	-	15	-	-	-	-	-	15	-	-	-	15	-
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																			
RJ-3194126		Arch Reins Ltd	BMU		71	-	-	89	-	-	-	-	-	89	-	-	-	89	-
RJ-1120191		Convex Ins UK Ltd	GBR		23	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3191400		Convex Re Ltd	BMU		14	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3194130		Endurance Specialty Ins Ltd	BMU		-	-	-	24	-	-	-	-	-	24	-	-	-	24	-
RJ-3191289		Fidelis Ins Bermuda Ltd	BMU		-	-	-	8	-	-	-	-	-	8	-	-	-	8	-
RJ-3191190		Hamilton Re Ltd	BMU		38	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3190060		Hannover Re (Bermuda) Ltd	BMU		2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1340125		Hannover Rueck SE	DEU		131	-	-	4	-	-	-	-	-	4	-	-	-	4	-
RJ-3190875		Hiscox Ins Co (Bermuda) Ltd	BMU		-	-	-	16	-	-	-	-	-	16	-	-	-	16	-
RJ-3191239		Lumen Re Ltd	BMU		14	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1840000		Mapfre Re Compania de Reaseguros SA	ESP		18	-	-	8	-	-	-	-	-	8	-	-	-	8	-
RJ-1460019		MS Amlin AG	CHE		20	-	-	3	-	-	-	-	-	3	-	-	-	3	-
RJ-3190686		Partner Reins Co Ltd	BMU		8	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers					339	-	-	153	-	-	-	-	-	153	-	-	-	153	-
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells					339	-	-	153	-	-	-	-	-	153	-	-	-	153	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					76,057	-	-	10,149	-	8,607	-	-	40,756	59,512	-	-	-	59,512	(213)
9999999 - Totals					76,057	-	-	10,149	-	8,607	-	-	40,756	59,512	-	-	-	59,512	(213)

**SCHEDULE F - PART 3 (CONTINUED)**  
 Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
 (Credit Risk)

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	29 Stressed Recoverable (Col. 28*120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>																	
31-4192970	GRANGE INS CO					(213)	58,648	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling																	
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																	
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates																	
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																	
51-0434766	AXIS REINS CO						20	-	20	24		24		24	3		1
47-0574325	BERKLEY INS CO						6	-	6	7		7		7	2		-
42-0234980	EMPLOYERS MUT CAS CO						8	-	8	10		10		10	4		-
22-2005057	EVEREST REINS CO						8	-	8	10		10		10	2		-
13-2673100	GENERAL REINS CORP						18	-	18	21		21		21	1		-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO						633	-	633	760		760		760	1		12
04-1543470	LIBERTY MUT INS CO						-	-	-	-		-		-	3		-
13-4924125	MUNICH REINS AMER INC						32	-	32	39		39		39	2		1
47-0355979	NATIONAL IND CO						-	-	-	-		-		-	1		-
13-3138390	NAVIGATORS INS CO						31	-	31	37		37		37	3		1
47-0698507	ODYSSEY REINS CO						-	-	-	-		-		-	2		-
13-1675535	SWISS REINS AMER CORP						41	-	41	49		49		49	2		1
13-5616275	TRANSATLANTIC REINS CO						39	-	39	47		47		47	2		1
42-0644327	UNITED FIRE & CAS CO						8	-	8	10		10		10	4		-
13-1290712	XL REINS AMER INC						-	-	-	-		-		-	2		-
74-2195939	HOUSTON CAS CO						-	-	-	-		-		-	1		-
52-1952955	RENAISSANCE REINS US INC						4	-	4	5		5		5	2		-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																	
<b>Total Authorized, Other Non-U.S. Insurers</b>																	
AA-1127084	Lloyd's Syndicate Number 1084						16	-	16	19		19		19	3		1
AA-1127414	Lloyd's Syndicate Number 1414						8	-	8	10		10		10	3		-
AA-1120198	Lloyd's Syndicate Number 1618						3	-	3	3		3		3	3		-
AA-1120156	Lloyd's Syndicate Number 1686						14	-	14	17		17		17	3		-
AA-1120157	Lloyd's Syndicate Number 1729						-	-	-	-		-		-	3		-
AA-1120171	Lloyd's Syndicate Number 1856						-	-	-	-		-		-	3		-
AA-1128001	Lloyd's Syndicate Number 2001						-	-	-	-		-		-	3		-
AA-1128121	Lloyd's Syndicate Number 2121						-	-	-	-		-		-	3		-
AA-1128623	Lloyd's Syndicate Number 2623						-	-	-	-		-		-	3		-
AA-1128791	Lloyd's Syndicate Number 2791						-	-	-	-		-		-	3		-
AA-1120236	Lloyd's Syndicate Number 2843						-	-	-	-		-		-	3		-
AA-1128987	Lloyd's Syndicate Number 2987						4	-	4	5		5		5	3		-
AA-1120179	Lloyd's Syndicate Number 2988						-	-	-	-		-		-	3		-
AA-1126033	Lloyd's Syndicate Number 33						3	-	3	3		3		3	3		-
AA-1126435	Lloyd's Syndicate Number 435						2	-	2	2		2		2	3		-

**SCHEDULE F - PART 3 (CONTINUED)**  
 Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)  
 (Credit Risk)

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk							
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	29 Stressed Recoverable (Col. 28*120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1126510	Lloyd's Syndicate Number 510					4	-	4	5	-	5	5	5	3	-	
AA-1126609	Lloyd's Syndicate Number 609					-	-	-	-	-	-	-	-	3	-	
AA-1126623	Lloyd's Syndicate Number 623					6	-	6	7	-	7	7	7	3	-	
1299999	- Total Authorized, Other Non-U.S. Insurers			XXX		60	-	60	72	-	72	72	72	XXX	-	
1499999	- Total Authorized Excluding Protected Cells			XXX		(213)	-	909	1,091	-	1,091	1,091	1,091	XXX	20	
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																
AA-1780116	Chaucer Ins Co Designated Activity Co					-	-	-	-	-	-	-	-	3	-	
AA-9240012	China Prop & Cas Reins Co Ltd					-	-	-	-	-	-	-	-	3	-	
AA-1340028	Devk Ruckversicherungs					-	-	-	-	-	-	-	-	2	-	
AA-1490002	Helvetia Swiss In Co					-	-	-	-	-	-	-	-	2	-	
AA-5420050	KOREAN REINS CO		8	0001		8	-	8	10	-	10	8	2	3	-	
AA-1440060	LANSFORSKRINGS BOLAG ENS AB					-	-	-	-	-	-	-	-	3	-	
AA-5324100	Taipng Reins Co Ltd		7	0002		7	-	7	8	-	8	7	1	3	-	
2699999	- Total Unauthorized, Other Non-U.S. Insurers		15	XXX		15	-	15	18	-	18	15	3	XXX	-	
2899999	- Total Unauthorized Excluding Protected Cells		15	XXX		15	-	15	18	-	18	15	3	XXX	-	
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																
RJ-3194126	Arch Reins Ltd					-	89	89	107	-	107	107	107	2	2	
RJ-1120191	Convex Ins UK Ltd					-	-	-	-	-	-	-	-	3	-	
RJ-3191400	Convex Re Ltd					-	-	-	-	-	-	-	-	3	-	
RJ-3194130	Endurance Specialty Ins Ltd					-	24	24	29	-	29	29	29	2	1	
RJ-3191289	Fidelis Ins Bermuda Ltd					-	8	8	10	-	10	10	10	3	-	
RJ-3191190	Hamilton Re Ltd					-	-	-	-	-	-	-	-	4	-	
RJ-3190060	Hannover Re (Bermuda) Ltd					-	-	-	-	-	-	-	-	3	-	
RJ-1340125	Hannover Rueck SE					-	4	4	5	-	5	5	5	3	-	
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd					-	16	16	19	-	19	19	19	2	-	
RJ-3191239	Lumen Re Ltd					-	-	-	-	-	-	-	-	3	-	
RJ-1840000	Mapfre Re Compania de Reaseguros SA					-	8	8	10	-	10	10	10	3	-	
RJ-1460019	MS Amlin AG					-	3	3	3	-	3	3	3	2	-	
RJ-3190686	Partner Reins Co Ltd					-	-	-	-	-	-	-	-	2	-	
5499999	- Total Reciprocal Jurisdiction, Other Non-U.S. Insurers			XXX		-	153	153	183	-	183	183	183	XXX	4	
5699999	- Total Reciprocal Jurisdiction Excluding Protected Cells			XXX		-	153	153	183	-	183	183	183	XXX	4	
5799999	- Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		15	XXX		(198)	59,710	1,077	1,293	-	1,293	15	1,278	XXX	24	
9999999	- Totals		15	XXX		(198)	59,710	1,077	1,293	-	1,293	15	1,278	XXX	24	

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	38 Overdue 1 - 29 Days	39 Overdue 30 - 90 Days	40 Overdue 91 - 120 Days	41 Overdue Over 120 Days	42 Overdue Total Overdue Cols. 38 + 39 + 40 + 41	43 Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)											
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>																			
31-4192970	GRANGE INS CO																	YES	-
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling																		XXX	-
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																		XXX	-
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																			
51-0434766	AXIS REINS CO																	YES	-
47-0574325	BERKLEY INS CO																	YES	-
42-0234980	EMPLOYERS MUT CAS CO																	YES	-
22-2005057	EVEREST REINS CO																	YES	-
13-2673100	GENERAL REINS CORP																	YES	-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO																	YES	-
04-1543470	LIBERTY MUT INS CO																	YES	-
13-4924125	MUNICH REINS AMER INC																	YES	-
47-0355979	NATIONAL IND CO																	YES	-
13-3138390	NAVIGATORS INS CO																	YES	-
47-0698507	ODYSSEY REINS CO																	YES	-
13-1675535	SWISS REINS AMER CORP																	YES	-
13-5616275	TRANSATLANTIC REINS CO																	YES	-
42-0644327	UNITED FIRE & CAS CO																	YES	-
13-1290712	XL REINS AMER INC																	YES	-
74-2195939	HOUSTON CAS CO																	YES	-
52-1952955	RENAISSANCE REINS US INC																	YES	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																		XXX	-
<b>Total Authorized, Other Non-U.S. Insurers</b>																			
AA-1127084	Lloyd's Syndicate Number 1084																	YES	-
AA-1127414	Lloyd's Syndicate Number 1414																	YES	-
AA-1120198	Lloyd's Syndicate Number 1618																	YES	-
AA-1120156	Lloyd's Syndicate Number 1686																	YES	-
AA-1120157	Lloyd's Syndicate Number 1729																	YES	-
AA-1120171	Lloyd's Syndicate Number 1856																	YES	-
AA-1128001	Lloyd's Syndicate Number 2001																	YES	-
AA-1128121	Lloyd's Syndicate Number 2121																	YES	-
AA-1128623	Lloyd's Syndicate Number 2623																	YES	-
AA-1128791	Lloyd's Syndicate Number 2791																	YES	-
AA-1120236	Lloyd's Syndicate Number 2843																	YES	-
AA-1128987	Lloyd's Syndicate Number 2987																	YES	-
AA-1120179	Lloyd's Syndicate Number 2988																	YES	-
AA-1126033	Lloyd's Syndicate Number 33																	YES	-
AA-1126435	Lloyd's Syndicate Number 435																	YES	-
AA-1126510	Lloyd's Syndicate Number 510																	YES	-
AA-1126609	Lloyd's Syndicate Number 609																	YES	-

**SCHEDULE F - PART 3 (CONTINUED)**

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43 - 44)	47 Recoverable on Paid Losses & LAE Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue Col. 42/Col. 43	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	52 Is the Amount in Col. 50 Less Than 20%? (Yes or No)	53 Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50	
		37 Current	38 Overdue 1 - 29 Days	39 Overdue 30 - 90 Days	40 Overdue 91 - 120 Days	41 Overdue Over 120 Days	42 Overdue Total Overdue Cols. 38 + 39 + 40 + 41											43 Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)
AA-1126623	Lloyd's Syndicate Number 623																YES	-
1299999 - Total Authorized, Other Non-U.S. Insurers																	XXX	-
1499999 - Total Authorized Excluding Protected Cells																	XXX	-
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																		
AA-1780116	Chaucer Ins Co Designated Activity Co																YES	-
AA-9240012	China Prop & Cas Reins Co Ltd																YES	-
AA-1340028	Devk Ruckversicherungs																YES	-
AA-1490002	Helvetia Swiss In Co																YES	-
AA-5420050	KOREAN REINS CO																YES	-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB																YES	-
AA-5324100	Taiping Reins Co Ltd																YES	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers																	XXX	-
2899999 - Total Unauthorized Excluding Protected Cells																	XXX	-
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																		
RJ-3194126	Arch Reins Ltd																YES	-
RJ-1120191	Convex Ins UK Ltd																YES	-
RJ-3191400	Convex Re Ltd																YES	-
RJ-3194130	Endurance Specialty Ins Ltd																YES	-
RJ-3191289	Fidelis Ins Bermuda Ltd																YES	-
RJ-3191190	Hamilton Re Ltd																YES	-
RJ-3190060	Hannover Re (Bermuda) Ltd																YES	-
RJ-1340125	Hannover Rueck SE																YES	-
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd																YES	-
RJ-3191239	Lumen Re Ltd																YES	-
RJ-1840000	Mapfre Re Compania de Reaseguros SA																YES	-
RJ-1460019	MS Amlin AG																YES	-
RJ-3190686	Partner Reins Co Ltd																YES	-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																	XXX	-
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells																	XXX	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells																	XXX	-
9999999 - Totals																	XXX	-

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			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	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col.24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col.24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>																		
31-4192970	GRANGE INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling																		
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																		
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																		
51-0434766	AXIS REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0574325	BERKLEY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0234980	EMPLOYERS MUT CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22-2005057	EVEREST REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2673100	GENERAL REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
04-1543470	LIBERTY MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-4924125	MUNICH REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0355979	NATIONAL IND CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3138390	NAVIGATORS INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0698507	ODYSSEY REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5616275	TRANSATLANTIC REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0644327	UNITED FIRE & CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1290712	XL REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
74-2195939	HOUSTON CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	RENAISSANCE REINS US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																		
<b>Total Authorized, Other Non-U.S. Insurers</b>																		
AA-1127084	Lloyd's Syndicate Number 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127414	Lloyd's Syndicate Number 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120198	Lloyd's Syndicate Number 1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120156	Lloyd's Syndicate Number 1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120157	Lloyd's Syndicate Number 1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120171	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128121	Lloyd's Syndicate Number 2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128791	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120236	Lloyd's Syndicate Number 2843	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120179	Lloyd's Syndicate Number 2988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126033	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126435	Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126510	Lloyd's Syndicate Number 510	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			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	66	67	68		
		Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col. 24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col. 24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 - Col. 66)	20% of Amount in Col. 67		
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-1126623	Lloyd's Syndicate Number 623	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
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																		
AA-1780116	Chaucer Ins Co Designated Activity Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9240012	China Prop & Cas Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340028	Devk Ruckversicherungs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1490002	Helvetia Swiss In Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5420050	KOREAN REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1440060	LANSFORSKRINGS BOLAG ENS AB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5324100	Taiping Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	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	XXX
2899999 - Total Unauthorized Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																		
RJ-3194126	Arch Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120191	Convex Ins UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191400	Convex Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194130	Endurance Specialty Ins Ltd	XXX	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	XXX
RJ-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190060	Hannover Re (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Hannover Rueck SE	XXX	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	XXX
RJ-3191239	Lumen Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1840000	Mapfre Re Compania de Reaseguros SA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190686	Partner Reins Co Ltd	XXX	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	XXX
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		XXX	XXX	XXX					XXX	XXX								
9999999 - Totals		XXX	XXX	XXX					XXX	XXX								

25.1

**SCHEDULE F - PART 3 (CONTINUED)**

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

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance				
			71	72	73	74	75	76	77	78	
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Complete if Col. 52 = "Yes"; 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%)	Complete if Col. 52 = "No"; Otherwise Enter 0	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>											
31-4192970	GRANGE INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling											
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>											
51-0434766	AXIS REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
47-0574325	BERKLEY INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
42-0234980	EMPLOYERS MUT CAS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
22-2005057	EVEREST REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-2673100	GENERAL REINS CORP	-	XXX	XXX	-	-	-	-	XXX	XXX	-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
04-1543470	LIBERTY MUT INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-4924125	MUNICH REINS AMER INC	-	XXX	XXX	-	-	-	-	XXX	XXX	-
47-0355979	NATIONAL IND CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-3138390	NAVIGATORS INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
47-0698507	ODYSSEY REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-1675535	SWISS REINS AMER CORP	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-5616275	TRANSATLANTIC REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
42-0644327	UNITED FIRE & CAS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-1290712	XL REINS AMER INC	-	XXX	XXX	-	-	-	-	XXX	XXX	-
74-2195939	HOUSTON CAS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
52-1952955	RENAISSANCE REINS US INC	-	XXX	XXX	-	-	-	-	XXX	XXX	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers											
<b>Total Authorized, Other Non-U.S. Insurers</b>											
AA-1127084	Lloyd's Syndicate Number 1084	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1127414	Lloyd's Syndicate Number 1414	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120198	Lloyd's Syndicate Number 1618	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120156	Lloyd's Syndicate Number 1686	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120157	Lloyd's Syndicate Number 1729	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120171	Lloyd's Syndicate Number 1856	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128001	Lloyd's Syndicate Number 2001	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128121	Lloyd's Syndicate Number 2121	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128791	Lloyd's Syndicate Number 2791	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120236	Lloyd's Syndicate Number 2843	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128987	Lloyd's Syndicate Number 2987	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120179	Lloyd's Syndicate Number 2988	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126033	Lloyd's Syndicate Number 33	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126435	Lloyd's Syndicate Number 435	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126510	Lloyd's Syndicate Number 510	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126609	Lloyd's Syndicate Number 609	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126623	Lloyd's Syndicate Number 623	-	XXX	XXX	-	-	-	-	XXX	XXX	-

**SCHEDULE F - PART 3 (CONTINUED)**

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

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance				
			71	72	73	74	75	76	77	78	
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Complete if Col. 52 = "Yes"; 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%)	Complete if Col. 52 = "No"; Otherwise Enter 0	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
1299999 - Total Authorized, Other Non-U.S. Insurers		-	XXX	XXX	-	-	-	-	XXX	XXX	-
1499999 - Total Authorized Excluding Protected Cells		-	XXX	XXX	-	-	-	-	XXX	XXX	-
<b>Total Unauthorized, Other Non-U.S. Insurers</b>											
AA-1780116	Chaucer Ins Co Designated Activity Co	-	-	-	XXX	XXX	-	XXX	-	XXX	-
AA-9240012	China Prop & Cas Reins Co Ltd	-	-	-	XXX	XXX	-	XXX	-	XXX	-
AA-1340028	Devk Ruckversicherungs	-	-	-	XXX	XXX	-	XXX	-	XXX	-
AA-1490002	Helvetia Swiss In Co	-	-	-	XXX	XXX	-	XXX	-	XXX	-
AA-5420050	KOREAN REINS CO	-	-	-	XXX	XXX	-	XXX	-	XXX	-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB	-	-	-	XXX	XXX	-	XXX	-	XXX	-
AA-5324100	Taiping Reins Co Ltd	-	-	-	XXX	XXX	-	XXX	-	XXX	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers		-	-	-	XXX	XXX	-	XXX	-	XXX	-
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>											
RJ-3194126	Arch Reins Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-1120191	Convex Ins UK Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3191400	Convex Re Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3194130	Endurance Specialty Ins Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3191289	Fidelis Ins Bermuda Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3191190	Hamilton Re Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3190060	Hannover Re (Bermuda) Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-1340125	Hannover Rueck SE	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3191239	Lumen Re Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-1840000	Mapfre Re Compania de Reaseguros SA	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-1460019	MS Amlin AG	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3190686	Partner Reins Co 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		-	-	-	-	-	-	-	-	-	-

**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.....	.....026004226.....	Societe Generale.....	.....8
.....0002.....	.....1.....	.....021000089.....	Citibank Europe.....	.....7
9999999 – Totals.....				.....15

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

A. Report the five largest provisional commission rates included in the cedent'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.....		73,851
2. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....		1,151
3. ....	SWISS REINS AMER CORP.....		133
4. ....	Hannover Rueck SE.....		131
5. ....	RENAISSANCE REINS US INC.....		110

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

	1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated
6. ....	GRANGE INS CO.....	58,435	73,851	YES
7. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....	633	1,151	NO
8. ....	Arch Reins Ltd.....	89	71	NO
9. ....	SWISS REINS AMER CORP.....	41	133	NO
10.....	TRANSATLANTIC REINS CO.....	39	9	NO

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

**SCHEDULE F - PART 6**

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12)	5,328,652		5,328,652
2. Premiums and considerations (Line 15)	-		-
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	-		-
4. Funds held by or deposited with reinsured companies (Line 16.2)	-		-
5. Other assets	40,007		40,007
6. Net amount recoverable from reinsurers		213,222	213,222
7. Protected cell assets (Line 27)		61,307,759	61,307,759
8. Totals (Line 28)	5,368,659	61,520,981	66,889,640
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3)	-	20,551,938	20,551,938
10. Taxes, expenses, and other obligations (Lines 4 through 8)	-		-
11. Unearned premiums (Line 9)		40,755,821	40,755,821
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)	(213,222)	213,222	-
16. Amounts withheld or retained by company for account of others (Line 14)	27,297		27,297
17. Provision for reinsurance (Line 16)	-		-
18. Other liabilities	50,418		50,418
19. Total liabilities excluding protected cell business (Line 26)	(135,507)	61,520,981	61,385,474
20. Protected cell liabilities (Line 27)	-		-
21. Surplus as regards policyholders (Line 37)	5,504,166	XXX	5,504,166
22. Totals (Line 38)	5,368,659	61,520,981	66,889,640

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 (as a subsidiary of Integrity Insurance Company) and Grange Insurance Company and its subsidiaries and Integrity Insurance Company and its 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**

(42) Schedule P - Part 1G - Columns 26 to 36 (\$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 1O - Columns 1 to 12 (\$000's Omitted)

**NONE**

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

**NONE**

(51) Schedule P - Part 1O - 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**

Annual Statement for the Year 2025 of the Integrity Select Insurance Company

(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**

Annual Statement for the Year 2025 of the Integrity Select Insurance Company

(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**

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 1 (\$000's Omitted)

**NONE**

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 2 (\$000's Omitted)

**NONE**

(90) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 3 (\$000's Omitted)

**NONE**

(91) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 4 (\$000's Omitted)

**NONE**

(91) Schedule P - Part 7A - Primary Loss Sensitive Contracts - Section 5 (\$000's Omitted)

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 1 (\$000's Omitted)

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 2 (\$000's Omitted)

**NONE**

(92) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 3 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 4 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 5 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 6 (\$000's Omitted)

**NONE**

(93) Schedule P - Part 7B - Reinsurance Loss Sensitive Contracts - Section 7 (\$000's Omitted)

**NONE**

**SCHEDULE P INTERROGATORIES**

1. The following questions relate to yet-to-be-issued Extended Reporting Endorsements (EREs) arising from Death, Disability, or Retirement (DDR) provisions in Medical Professional Liability Claims Made insurance policies. EREs provided for reasons other than DDR are not to be included.
  - 1.1 Does the company issue Medical Professional Liability Claims Made insurance policies that provide tail (also known as an extended reporting endorsement, or "ERE") benefits in the event of Death, Disability, or Retirement (DDR) at a reduced charge or at no additional cost? If the answer to question 1.1 is "no", leave the following questions blank.  
If the answer to question 1.1 is "yes", please answer the following questions:..... NO.....
  - 1.2 What is the total amount of the reserve for that provision (DDR Reserve), as reported, explicitly or not, elsewhere in this statement (in dollars)?..... \$.....
  - 1.3 Does the company report any DDR reserve as Unearned Premium Reserve per SSAP No. 65?.....
  - 1.4 Does the company report any DDR reserve as loss or loss adjustment expense reserve?.....
  - 1.5 If the company reports DDR reserve as Unearned Premium Reserve, does that amount match the figure on the Underwriting and Investment Exhibit, Part 1A – Recapitulation of all Premiums (Page 7) Column 2, Lines 11.1 plus 11.2?.....
  - 1.6 If the company reports DDR reserve as loss or loss adjustment expense reserve, please complete the following table corresponding to where these reserves are reported in Schedule P:

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601. Prior.....		
1.602. 2016.....		
1.603. 2017.....		
1.604. 2018.....		
1.605. 2019.....		
1.606. 2020.....		
1.607. 2021.....		
1.608. 2022.....		
1.609. 2023.....		
1.610. 2024.....		
1.611. 2025.....		
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 1/1/2025, the intercompany pooling agreement was amended. The intercompany pooling agreement now cedes underwriting results back only to Grange Insurance Company, with all other members of the Grange Insurance Operations pool receiving 0% from the pool. Updates to historical balances have been made accordingly. Grange Insurance Company remains the lead company.

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

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

**NONE**

**SCHEDULE Y**

PART 1A - DETAILS OF INSURANCE HOLDING COMPANY SYSTEM

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

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Asterisk	Explanation

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
14060	31-4192970	GRANGE INSURANCE COMPANY	(11,000,000)	-			71,031,680		*		60,031,680	(1,030,108,351)
10322	31-1432675	GRANGE INDEMNITY INSURANCE COMPANY	(20,000,000)						*		(20,000,000)	384,592,796
40118	41-1405571	TRUSTGARD INSURANCE COMPANY	(24,000,000)						*		(24,000,000)	179,101,453
11136	31-1769414	GRANGE INSURANCE COMPANY OF MICHIGAN	(17,000,000)						*		(17,000,000)	32,523,894
11982	42-1610213	GRANGE PROPERTY & CASUALTY INSURANCE CO.	(17,000,000)						*		(17,000,000)	116,574,576
14303	39-0367560	INTEGRITY INSURANCE COMPANY	(1,700,000)				(62,366,813)		*		(64,066,813)	160,122,877
12986	41-2236417	INTEGRITY PROPERTY & CASUALTY INS. CO.	1,700,000						*		1,700,000	98,758,251
10288	81-3455935	INTEGRITY SELECT INSURANCE COMPANY	-						*		-	58,434,504
00000	31-1145043	GRANGEAMERICA					256,639				256,639	
00000	31-1193707	NORTHVIEW INSURANCE AGENCY					(45,793)				(45,793)	
00000	83-2982350	GRANGE MUTUAL HOLDING COMPANY										
00000	83-2949300	GRANGE HOLDINGS, INC.	89,000,000	-			(8,875,713)				80,124,287	
9999999	-	Control Totals	-	-			-		XXX		-	-

**SCHEDULE Y**

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

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

**REQUIRED FILINGS**

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























	Response
<b>March Filing</b>	
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.....
<b>April Filing</b>	
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.....
<b>May Filing</b>	
8. Will this company be included in a combined annual statement that is filed with the NAIC by May 1?.....	YES.....
<b>June Filing</b>	
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
<b>March Filing</b>	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO.....
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO.....
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO.....
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?.....	NO.....
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?.....	NO.....
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?.....	NO.....
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES.....
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES.....
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?.....	NO.....
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO.....
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO.....
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO.....
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?.....	NO.....
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?.....	YES.....
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES.....
<b>April Filing</b>	
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 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.....
<b>August Filing</b>	
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. Business not written	 1 0 2 8 8 2 0 2 5 4 2 0 0 0 0 0 0
12. Business not written	 1 0 2 8 8 2 0 2 5 2 4 0 0 0 0 0 0
13. Business not written	 1 0 2 8 8 2 0 2 5 3 6 0 0 0 0 0 0
14. Business not written	 1 0 2 8 8 2 0 2 5 4 5 5 0 0 0 0 0
15. Business not written	 1 0 2 8 8 2 0 2 5 4 9 0 0 0 0 0 0
16. Business not written	 1 0 2 8 8 2 0 2 5 3 8 5 0 0 0 0 0
17. Business not written	 1 0 2 8 8 2 0 2 5 4 0 1 0 0 0 0 0
18. Business not written	 1 0 2 8 8 2 0 2 5 3 6 5 0 0 0 0 0
19.	
20.	
21. Reinsurance attestation supplement filed	 1 0 2 8 8 2 0 2 5 4 0 0 0 0 0 0 0
22. Business not written	 1 0 2 8 8 2 0 2 5 5 0 0 0 0 0 0 0
23. Business not written	 1 0 2 8 8 2 0 2 5 5 0 5 0 0 0 0 0
24. Business not written	 1 0 2 8 8 2 0 2 5 2 2 4 0 0 0 0 0
25. Business not written	 1 0 2 8 8 2 0 2 5 2 2 5 0 0 0 0 0
26. Business not written	 1 0 2 8 8 2 0 2 5 2 2 6 0 0 0 0 0
27. Business not written	 1 0 2 8 8 2 0 2 5 5 5 5 0 0 0 0 0
28.	
29.	
30. Business not written	 1 0 2 8 8 2 0 2 5 2 3 0 0 0 0 0 0
31. Business not written	 1 0 2 8 8 2 0 2 5 3 0 6 0 0 0 0 0
32. Business not written	 1 0 2 8 8 2 0 2 5 2 1 0 0 0 0 0 0
33. Business not written	 1 0 2 8 8 2 0 2 5 2 1 6 0 0 0 0 0
34.	
35. Business not written	 1 0 2 8 8 2 0 2 5 2 9 0 0 0 0 0 0
36. Business not written	 1 0 2 8 8 2 0 2 5 5 6 0 0 0 0 0 0
37. Business not written	 1 0 2 8 8 2 0 2 5 5 6 5 0 0 0 0 0
38.	

**OVERFLOW PAGE FOR WRITE-INS**

**UNDERWRITING AND INVESTMENT EXHIBIT – PART 3 – EXPENSES**

	1	2	3	4
	Loss Adjustment Expenses	Other Underwriting Expenses	Investment Expenses	Total
2404. Investment Banking.....	-	-	13,785	13,785
2497. Summary of remaining write-ins for Line 24 from overflow page.....	-	-	13,785	13,785

**OVERFLOW PAGE FOR WRITE-INS**



**EXHIBIT OF OTHER LIABILITIES BY LINES OF BUSINESS**

AS REPORTED ON LINE 17 OF THE EXHIBIT OF PREMIUMS AND LOSSES  
To Be Filed by March 1

NAIC Group Code: 0267

NAIC Company Code: 10288

	Direct Business Only			
	Prior Year	Current Year		
	1	2	3	4
	Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)
1. Completed operations.....				
2. Errors & omissions (E&O).....				
3. Directors & officers (D&O).....				
4. Environmental liability.....				
5. Excess workers' compensation.....				
6. Commercial excess & umbrella.....				
7. Personal umbrella.....	1,493,882	2,515,097	1,000,000	2,700,000
8. Employment liability.....		491		
9. Aggregate write-ins for facilities and premises (CGL).....	949	4,696		
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....				
12. Total ASL 17 - other liability (sum of lines 1 through 11).....	1,494,831	2,520,284	1,000,000	2,700,000
<b>Details of Write-Ins</b>				
0901. Commercial General Liability.....	949	4,696		
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.....	949	4,696		
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, 2025  
 (To Be Filed By March 1)  
 FOR THE STATE OF Iowa

NAIC Group Code: 0267

NAIC Company Code: 10288

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.....	no
11.	Short-term limited duration health plans.....	no
12.	Travel.....	no
13.	Pet insurance plans.....	NO



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

For The Year Ended December 31, 2025  
 (To Be Filed By March 1)  
 FOR THE STATE OF Minnesota

NAIC Group Code: 0267

NAIC Company Code: 10288

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.....	no
11.	Short-term limited duration health plans.....	no
12.	Travel.....	no
13.	Pet insurance plans.....	NO



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

For The Year Ended December 31, 2025  
 (To Be Filed By March 1)  
 FOR THE STATE OF Wisconsin

NAIC Group Code: 0267

NAIC Company Code: 10288

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.....	no
11.	Short-term limited duration health plans.....	no
12.	Travel.....	no
13.	Pet insurance plans.....	NO