



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2025
OF THE CONDITION AND AFFAIRS OF THE
GRANGE PROPERTY & CASUALTY INSURANCE COMPANY

NAIC Group Code 0267, 0267 NAIC Company Code 11982 Employer's ID Number 42-1610213
Organized under the Laws of OH State of Domicile or Port of Entry OH
Country of Domicile US
Incorporated/Organized 04/01/2004 Commenced Business 05/21/2004
Statutory Home Office 671 South High Street Columbus, OH, US 43206-1066
Main Administrative Office 671 South High Street Columbus, OH, US 43206-1066 614-445-2900 (Telephone)
Mail Address 671 South High Street Columbus, OH, US 43206-1066
Primary Location of Books and Records 671 South High Street Columbus, OH, US 43206-1066 614-445-2900 (Telephone)
Internet Website Address www.grangeinsurance.com
Statutory Statement Contact William Charles Thorsberg 614-445-2900 (Telephone) thorsbergw@grangeinsurance.com (E-Mail) (Fax)

OFFICERS

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

DIRECTORS OR TRUSTEES

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

State of Ohio
County of Franklin SS

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

x [Signature] x [Signature] x [Signature]
JOHN (NMN) AMMENDOLA BETH WILLIAMS MURPHY CHERYL MCRAE LEBENS
PRESIDENT & CEO EVP & SECRETARY 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:

x [Signature]



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



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

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril	16,836,076	17,061,902		8,865,803	14,243,099	9,697,478	3,959,080	191,523	166,777	175,872	2,143,104	1,081,656
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	26,693	33,710		13,674	19,103	18,811	719		(370)	64	3,564	1,715
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	2,786	2,885		1,917							351	179
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	28,531	33,506		13,948		(7,080)	43,648		(100)	323	4,987	1,833
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	1,848,195	1,906,908		457,832	1,306,058	620,326	806,967	32,108	118,508	192,933	311,869	118,740
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	884,178	938,986		209,274	332,969	272,824	(112,396)		72	764	148,801	56,805
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)	19,626,458	19,977,897		9,562,448	15,901,229	10,602,360	4,698,017	223,630	284,888	369,955	2,612,678	1,260,928
<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 GA

(a) Finance and service charges not included in Lines 1 to 35 \$43,239

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



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

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 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**

19.1L

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

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



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

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril	36,513,156	35,507,348		18,693,435	22,721,950	17,982,033	4,616,656	154,696	133,893	362,008	5,164,464	716,181
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	191,523	198,877		92,873	59,819	90,232	35,565		(1,846)	364	29,539	3,757
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	109,170	114,840		55,982							16,041	2,141
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	313,140	271,431		158,037	480,000	944,671	891,810	2,184	2,403	2,527	56,766	6,142
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)	37,126,989	36,092,496		19,000,326	23,261,768	19,016,936	5,544,032	156,880	134,450	364,900	5,266,810	728,221
<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 IN

(a) Finance and service charges not included in Lines 1 to 35 \$91,258

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



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

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril	14,965,079	12,781,338		7,687,575	8,360,561	8,743,710	2,427,998	94,030	97,001	128,059	2,096,829	247,170
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	103,088	97,926		52,007	19,307	11,731	33,425	3,500	2,797	176	15,654	9,574
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	216,647	185,388		111,382							32,898	20,121
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	233,833	199,592		124,813	100,000	176,298	250,235		401	1,850	42,823	21,717
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability — occurrence												
18.2 Products liability — claims-made												
19.1 Private passenger auto no-fault (personal injury protection)	1,163,003	1,172,420		464,735	486,601	704,545	191,404	5,889	(22,669)	23,790	162,288	108,011
19.2 Other private passenger auto liability	11,386,654	11,167,154		4,642,750	6,284,475	5,813,502	6,791,494	334,723	250,248	709,588	1,586,009	(452,037)
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	8,597,253	8,322,934		3,565,911	4,008,939	4,414,916	268,473	6,543	5,087	13,890	1,191,517	798,446
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)	36,665,556	33,926,752		16,649,172	19,259,883	19,864,702	9,963,029	444,686	332,867	877,352	5,128,018	753,001
<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 \$174,537

(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: 11982

19 OH

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril	44,437,896	45,598,470		22,985,713	18,115,313	17,316,921	7,444,087	94,125	58,269	468,754	7,532,868	773,814
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	1,088,152	1,131,038		542,093	378,433	382,253	59,096	3,263	(6,570)	2,071	189,677	18,948
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	230,269	241,218		115,853							39,730	4,010
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	799,288	771,775		420,235	900,000	1,014,872	988,622	—	26	7,307	139,510	13,918
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	14,102,168	14,663,212		3,334,452	9,902,131	7,583,577	8,590,915	322,712	101,541	661,291	2,433,817	245,566
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage	16,970,277	17,529,402		4,029,337	7,442,174	7,743,096	79,475	2,975	(489)	16,426	2,930,459	295,510
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)	77,628,049	79,935,116		31,427,683	36,738,051	34,040,719	17,162,195	423,074	152,777	1,155,849	13,266,061	1,351,766
<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 \$518,113

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



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

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 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.TN

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

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



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

NAIC Group Code: 0267

NAIC Company Code: 11982

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine												
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake												
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (group and individual)												
15.1 Vision only (b)												
15.2 Dental only (b)												
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)												
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)												
16. Workers' compensation												
17.1 Other liability—occurrence												
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability – occurrence												
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability												
19.3 Commercial auto no-fault (personal injury protection)	5,093	4,965		2,316		24	94		(158)	182	436	139
19.4 Other commercial auto liability	2,856,132	2,828,011		1,331,415	1,223,409	1,141,150	2,309,030	45,034	(43,376)	359,533	247,018	77,777
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage	614,407	594,383		283,213	771,211	743,788	76,577	2,096	2,653	1,206	53,011	16,731
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business												
35. TOTAL (a)	3,475,632	3,427,359		1,616,943	1,994,620	1,884,962	2,385,701	47,130	(40,881)	360,921	300,466	94,647
<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 VA

(a) Finance and service charges not included in Lines 1 to 35 \$14,612

(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: 11982

19 GT

Line of Business	Gross Premiums, Including Policy and Membership Fees, Less Return Premiums and Premiums on Policies not Taken		3 Dividends Paid or Credited to Policyholders on Direct Business	4 Direct Unearned Premium Reserves	5 Direct Losses Paid (deducting salvage)	6 Direct Losses Incurred	7 Direct Losses Unpaid	8 Direct Defense and Cost Containment Expense Paid	9 Direct Defense and Cost Containment Expense Incurred	10 Direct Defense and Cost Containment Expense Unpaid	11 Commissions and Brokerage Expenses	12 Taxes, Licenses and Fees
	1 Direct Premiums Written	2 Direct Premiums Earned										
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril	112,752,206	110,949,058		58,232,525	63,440,923	53,740,142	18,447,821	534,373	455,940	1,134,693	16,937,265	2,818,821
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	1,409,457	1,461,551		700,647	476,662	503,027	128,805	6,763	(5,988)	2,675	238,435	33,994
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	558,872	544,331		285,134							89,020	26,451
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (group and individual)												
15.1 Vision only (b)												
15.2 Dental only (b)												
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)												
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)												
16. Workers' compensation												
17.1 Other liability—occurrence	1,374,792	1,276,305		717,033	1,480,000	2,128,760	2,174,315	2,184	2,730	12,007	244,085	43,610
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability — occurrence												
18.2 Products liability — claims-made												
19.1 Private passenger auto no-fault (personal injury protection)	1,163,003	1,172,420		464,735	486,601	704,545	191,404	5,889	(22,669)	23,790	162,288	108,011
19.2 Other private passenger auto liability	27,337,016	27,737,274		8,435,034	17,492,664	14,017,405	16,189,376	689,543	470,297	1,563,812	4,331,695	(87,731)
19.3 Commercial auto no-fault (personal injury protection)	5,093	4,965		2,316		24	94		(158)	182	436	139
19.4 Other commercial auto liability	2,856,132	2,828,011		1,331,415	1,223,409	1,141,150	2,309,030	45,034	(43,376)	359,533	247,018	77,777
21.1 Private passenger auto physical damage	26,451,707	26,791,322		7,804,522	11,784,082	12,430,836	235,552	9,518	4,671	31,080	4,270,778	1,150,761
21.2 Commercial auto physical damage	614,407	594,383		283,213	771,211	743,788	76,577	2,096	2,653	1,206	53,011	16,731
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)	174,522,685	173,359,620		78,256,573	97,155,551	85,409,678	39,752,974	1,295,401	864,101	3,128,977	26,574,033	4,188,563
<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 \$841,759

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

**SCHEDULE F - PART 1**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
<b>Affiliates, U.S. Intercompany Pooling</b>														
					-	-	-	-	-	-	-	-	-	-
0199999 - Affiliates, U.S. Intercompany Pooling														
0899999 - Total Affiliates														
<b>Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities</b>														
AA-9991141		OHIO COMMERCIAL AUTO INS PROCEDURE	OH	14		15	15			5				
AA-9991205		GEORGIA FAIR PLAN	GA	-		3	3			13				
AA-9991222		OHIO FAIR PLAN	OH	203		17	17			89				
1099999 - Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities														
1299999 - Total Pools and Associations														
9999999 - Totals														

**SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effectuated or (Canceled) During Current Year

1 ID Number	2 NAIC Company Code	3 Name of Company	4 Date of Contract	5 Original Premium	6 Reinsurance Premium
<b>NONE</b>					
0199999 – Total reinsurance ceded by portfolio..... 0299999 – Total reinsurance assumed by portfolio.....					

**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		158,291			24,191		14,320			78,063		116,575			116,575	1,315	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling					158,291		24,191		14,320			78,063		116,575			116,575	1,315		
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																				
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates					158,291		24,191		14,320			78,063		116,575			116,575	1,315		
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																				
06-0237820	20699	ACE PROP & CAS INS CO	PA		11,419	-		1,281						1,281				1,281		
22-2005057	26921	EVEREST REINS CO	DE		533	-														
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		581	-						295		295				295		
04-1543470	23043	LIBERTY MUT INS CO	MA		92	-														
13-3138390	42307	NAVIGATORS INS CO	NY		187	-		1						1				1		
47-0698507	23680	ODYSSEY REINS CO	CT		86	-														
13-1675535	25364	SWISS REINS AMER CORP	NY		468	-		2						2				2		
42-0644327	13021	UNITED FIRE & CAS CO	IA		19	-														
74-2195939	42374	HOUSTON CAS CO	TX		170	-														
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers					13,554		1,284					295		1,578				1,578		
<b>Total Authorized, Pools, Mandatory Pools</b>																				
AA-9991501		INDIANA MINE SUBSIDENCE FUND	IN		3	-							1	1				1		
AA-9991502		KENTUCKY MINE SUBSIDENCE FUND	KY		3	-							1	1				1		
AA-9991503		OHIO MINE SUBSIDENCE FUND	OH		8	-							4	4				4		
1099999 - Total Authorized, Pools, Mandatory Pools					13							7		7				7		
<b>Total Authorized, Other Non-U.S. Insurers</b>																				
AA-1127084		Lloyd's Syndicate Number 1084	GBR		133	-														
AA-1120157		Lloyd's Syndicate Number 1729	GBR		16	-														
AA-1128121		Lloyd's Syndicate Number 2121	GBR		18	-														
AA-1128623		Lloyd's Syndicate Number 2623	GBR		40	-														
AA-1128791		Lloyd's Syndicate Number 2791	GBR		130	-														
AA-1120236		Lloyd's Syndicate Number 2843	GBR		149	-														
AA-1126033		Lloyd's Syndicate Number 33	GBR		185	-														
AA-1126435		Lloyd's Syndicate Number 435	GBR		30	-														
AA-1126623		Lloyd's Syndicate Number 623	GBR		15	-		1						1				1		
1299999 - Total Authorized, Other Non-U.S. Insurers					716		1							1				1		
1499999 - Total Authorized Excluding Protected Cells					172,575		25,476		14,320			78,365		118,160				118,160	1,315	
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																				
AA-1780116		Chaucer Ins Co Designated Activity Co	IRL		91	-														
AA-9240012		China Prop & Cas Reins Co Ltd	CHN		55	-														
AA-1340028		Devk Ruckversicherungs	DEU		37	-														
AA-5420050		KOREAN REINS CO	KOR		120	-														
AA-1440060		LANSFORSKRINGS BOLAG ENS AB	SWE		43	-														
2699999 - Total Unauthorized, Other Non-U.S. Insurers					347															
2899999 - Total Unauthorized Excluding Protected Cells					347															
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																				
RJ-3194126		Arch Reins Ltd	BMU		743	-		2						2				2		
RJ-1120191		Convex Ins UK Ltd	GBR		144	-														
RJ-3191400		Convex Re Ltd	BMU		144	-														
RJ-3191190		Hamilton Re Ltd	BMU		161	-														
RJ-3190060		Hannover Re (Bermuda) Ltd	BMU		24	-														

**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		
RJ-1340125		Hannover Rueck SE	DEU		192	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3191239		Lumen Re Ltd	BMU		142	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1840000		Mapfre Re Compania de Reaseguros SA	ESP		185	-	-	1	-	-	-	-	-	1	-	-	-	1	-
RJ-3190686		Partner Reins Co Ltd	BMU		83	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers					1,819	-	-	4	-	-	-	-	-	4	-	-	-	4	-
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells					1,819	-	-	4	-	-	-	-	-	4	-	-	-	4	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					174,740	-	-	25,479	-	14,320	-	78,365	-	118,164	-	-	-	118,164	1,315
9999999 - Totals					174,740	-	-	25,479	-	14,320	-	78,365	-	118,164	-	-	-	118,164	1,315

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>																	
31-4192970	GRANGE INS CO					1,315	115,260	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling				XXX		1,315	115,260	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total				XXX					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates				XXX		1,315	115,260	-							XXX		
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																	
06-0237820	ACE PROP & CAS INS CO						1,281	-	1,281	1,537		1,537		1,537	2		32
22-2005057	EVEREST REINS CO						-	-	-	-		-		-	2		-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO						295	-	295	354		354		354	1		6
04-1543470	LIBERTY MUT INS CO						-	-	-	-		-		-	3		-
13-3138390	NAVIGATORS INS CO						1	-	1	1		1		1	3		-
47-0698507	ODYSSEY REINS CO						-	-	-	-		-		-	2		-
13-1675535	SWISS REINS AMER CORP						2	-	2	2		2		2	2		-
42-0644327	UNITED FIRE & CAS CO						-	-	-	-		-		-	4		-
74-2195939	HOUSTON CAS CO						-	-	-	-		-		-	1		-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers				XXX		-	1,578	-	1,578	1,894		1,894		1,894	XXX		38
<b>Total Authorized, Pools, Mandatory Pools</b>																	
AA-9991501	INDIANA MINE SUBSIDENCE FUND						1	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND						1	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9991503	OHIO MINE SUBSIDENCE FUND						4	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999 - Total Authorized, Pools, Mandatory Pools				XXX			7	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Total Authorized, Other Non-U.S. Insurers</b>																	
AA-1127084	Lloyd's Syndicate Number 1084						-	-	-	-		-		-	3		-
AA-1120157	Lloyd's Syndicate Number 1729						-	-	-	-		-		-	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-1126033	Lloyd's Syndicate Number 33						-	-	-	-		-		-	3		-
AA-1126435	Lloyd's Syndicate Number 435						-	-	-	-		-		-	3		-
AA-1126623	Lloyd's Syndicate Number 623						1	-	1	1		1		1	3		-
1299999 - Total Authorized, Other Non-U.S. Insurers				XXX			1	-	1	1		1		1	XXX		-
1499999 - Total Authorized Excluding Protected Cells				XXX		1,315	116,846	-	1,579	1,895		1,895		1,895	XXX		38
<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-5420050	KOREAN REINS CO						-	-	-	-		-		-	3		-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB						-	-	-	-		-		-	3		-

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
2699999 - Total Unauthorized, Other Non-U.S. Insurers				XXX		-	-	-	-	-		-	-	-	XXX		-
2899999 - Total Unauthorized Excluding Protected Cells				XXX		-	-	-	-	-		-	-	-	XXX		-
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																	
RJ-3194126	Arch Reins Ltd						2	-	2	3		3		3	2		-
RJ-1120191	Convex Ins UK Ltd					-	-	-	-	-		-		-	3		-
RJ-3191400	Convex Re Ltd					-	-	-	-	-		-		-	3		-
RJ-3191190	Hamilton Re Ltd					-	-	-	-	-		-		-	4		-
RJ-3190060	Hannover Re (Bermuda) Ltd					-	-	-	-	-		-		-	3		-
RJ-1340125	Hannover Rueck SE					-	-	-	-	-		-		-	3		-
RJ-3191239	Lumen Re Ltd					-	-	-	-	-		-		-	3		-
RJ-1840000	Mapfre Re Compania de Reaseguros SA					-	1	-	1	2		2		2	3		-
RJ-3190686	Partner Reins Co Ltd					-	-	-	-	-		-		-	2		-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers				XXX		-	4	-	4	5		5		5	XXX		-
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells				XXX		-	4	-	4	5		5		5	XXX		-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells				XXX		1,315	116,849	-	1,583	1,899	-	1,899		1,899	XXX		38
9999999 - Totals				XXX		1,315	116,849	-	1,583	1,899	-	1,899		1,899	XXX		38

23.1

**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>																			
06-0237820	ACE PROP & CAS INS CO																	YES	-
22-2005057	EVEREST REINS CO																	YES	-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO																	YES	-
04-1543470	LIBERTY MUT INS CO																	YES	-
13-3138390	NAVIGATORS INS CO																	YES	-
47-0698507	ODYSSEY REINS CO																	YES	-
13-1675535	SWISS REINS AMER CORP																	YES	-
42-0644327	UNITED FIRE & CAS CO																	YES	-
74-2195939	HOUSTON CAS CO																	YES	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																		XXX	-
<b>Total Authorized, Pools, Mandatory Pools</b>																			
AA-9991501	INDIANA MINE SUBSIDENCE FUND																	YES	-
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND																	YES	-
AA-9991503	OHIO MINE SUBSIDENCE FUND																	YES	-
1099999 - Total Authorized, Pools, Mandatory Pools																		XXX	-
<b>Total Authorized, Other Non-U.S. Insurers</b>																			
AA-1127084	Lloyd's Syndicate Number 1084																	YES	-
AA-1120157	Lloyd's Syndicate Number 1729																	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-1126033	Lloyd's Syndicate Number 33																	YES	-
AA-1126435	Lloyd's Syndicate Number 435																	YES	-
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-5420050	KOREAN REINS CO																	YES	-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB																	YES	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers																		XXX	-
2899999 - Total Unauthorized Excluding Protected Cells																		XXX	-

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

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

1	2	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses							44	45	46	47	48	49	50	51	52	53
		37	38	39	40	41	42	43										
ID Number From Col. 1	Name of Reinsurer From Col. 3	Current	Overdue 1 - 29 Days	Overdue 30 - 90 Days	Overdue 91 - 120 Days	Overdue Over 120 Days	Overdue Total Overdue Cols. 38 + 39 + 40 + 41	Total Due Cols. 37 + 42 (In total should equal Cols. 7 + 8)	Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols 43 - 44)	Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	Amounts Received Prior 90 Days	Percentage Overdue Col. 42/Col. 43	Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47/[Cols. 46 + 48])	Percentage More Than 120 Days Overdue (Col. 41/Col. 43)	Is the Amount in Col. 50 Less Than 20%? (Yes or No)	Amounts in Col. 47 for Reinsurers with Values Less Than 20% in Col. 50
<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-3191190	Hamilton Re Ltd																YES	-
RJ-3190060	Hannover Re (Bermuda) Ltd																YES	-
RJ-1340125	Hannover Rueck SE																YES	-
RJ-3191239	Lumen Re Ltd																YES	-
RJ-1840000	Mapfre Re Compania de Reaseguros SA																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>																		
06-0237820	ACE PROP & CAS INS 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	
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	
13-3138390	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	
42-0644327	UNITED FIRE & CAS CO	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	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																		
<b>Total Authorized, Pools, Mandatory Pools</b>																		
AA-9991501	INDIANA MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-9991503	OHIO MINE SUBSIDENCE FUND	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1099999 - Total Authorized, Pools, Mandatory Pools																		
<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-1120157	Lloyd's Syndicate Number 1729	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-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-1126623	Lloyd's Syndicate Number 623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1299999 - Total Authorized, Other Non-U.S. Insurers																		
1499999 - Total Authorized Excluding Protected Cells																		
<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	
AA-9240012	China Prop & Cas Reins Co Ltd	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	
AA-5420050	KOREAN REINS CO	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	
2699999 - Total Unauthorized, Other Non-U.S. Insurers																		

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

1	2	Provision for Certified Reinsurance													Complete if Col. 52 = "No"; Otherwise Enter 0			69
		54	55	56	57	58	59	60	61	62	63	64	65	66	67	68		
ID Number From Col. 1	Name of Reinsurer From Col. 3	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% through 100%)	Catastrophe Recoverables Qualifying for Collateral Deferral	Net Recoverables Subject to Collateral Requirements for Full Credit (Col. 19 - Col. 57)	Dollar Amount of Collateral Required (Col. 56 * Col. 58)	Percent of Collateral Provided for Net Recoverables Subject to Collateral Requirements ([Col. 20 + Col. 21 + Col. 22 + Col.24] / Col. 58)	Percent Credit Allowed on Net Recoverables Subject to Collateral Requirements (Col. 60 / Col. 56, not to exceed 100%)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute (Col. 45 * 20%)	Amount of Credit Allowed for Net Recoverables (Col. 57 + [Col. 58 * Col. 61])	Provision for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 19 - Col. 63)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Total Collateral Provided (Col. 20 + Col. 21 + Col. 22 + Col.24; not to Exceed Col. 63)	Net Unsecured Recoverable for Which Credit is Allowed (Col. 63 -Col. 66)	20% of Amount in Col. 67	Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col.68; not to Exceed Col. 63)	
2899999 - Total Unauthorized Excluding Protected Cells		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	
RJ-1120191 Convex Ins UK Ltd		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	
RJ-3191190 Hamilton Re Ltd		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	
RJ-1340125 Hannover Rueck SE		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	
RJ-1840000 Mapfre Re Compania de Reaseguros SA		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	
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		XXX	XXX	XXX				XXX	XXX									
9999999 - Totals		XXX	XXX	XXX				XXX	XXX									

**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	Complete if Col. 52 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
<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		-	XXX	XXX	-	-	-	XXX	XXX	-	-
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>											
06-0237820	ACE PROP & CAS INS CO	-	XXX	XXX	-	-	-	XXX	XXX	-	-
22-2005057	EVEREST REINS CO	-	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	-	-
13-3138390	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	-	-
42-0644327	UNITED FIRE & CAS CO	-	XXX	XXX	-	-	-	XXX	XXX	-	-
74-2195939	HOUSTON CAS CO	-	XXX	XXX	-	-	-	XXX	XXX	-	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers		-	XXX	XXX	-	-	-	XXX	XXX	-	-
<b>Total Authorized, Pools, Mandatory Pools</b>											
AA-9991501	INDIANA MINE SUBSIDENCE FUND	-	XXX	XXX	-	-	-	XXX	XXX	-	-
AA-9991502	KENTUCKY MINE SUBSIDENCE FUND	-	XXX	XXX	-	-	-	XXX	XXX	-	-
AA-9991503	OHIO MINE SUBSIDENCE FUND	-	XXX	XXX	-	-	-	XXX	XXX	-	-
1099999 - Total Authorized, Pools, Mandatory Pools		-	XXX	XXX	-	-	-	XXX	XXX	-	-
<b>Total Authorized, Other Non-U.S. Insurers</b>											
AA-1127084	Lloyd's Syndicate Number 1084	-	XXX	XXX	-	-	-	XXX	XXX	-	-
AA-1120157	Lloyd's Syndicate Number 1729	-	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-1126033	Lloyd's Syndicate Number 33	-	XXX	XXX	-	-	-	XXX	XXX	-	-
AA-1126435	Lloyd's Syndicate Number 435	-	XXX	XXX	-	-	-	XXX	XXX	-	-
AA-1126623	Lloyd's Syndicate Number 623	-	XXX	XXX	-	-	-	XXX	XXX	-	-
1299999 - Total Authorized, Other Non-U.S. Insurers		-	XXX	XXX	-	-	-	XXX	XXX	-	-
1499999 - Total Authorized Excluding Protected Cells		-	XXX	XXX	-	-	-	XXX	XXX	-	-
<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-5420050	KOREAN REINS CO	-	-	-	XXX	XXX	XXX	-	XXX	-	-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB	-	-	-	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	-	-

**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%)	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)
RJ-1120191	Convex Ins UK Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3191400	Convex Re 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-3191239	Lumen Re Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-1840000	Mapfre Re Compania de Reaseguros SA	-	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	2	3	4	5
Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
9999999 – Totals .....				

**NONE**

**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.....		158,291
2. ....	ACE PROP & CAS INS CO.....		11,419
3. ....	Arch Reins Ltd.....		743
4. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....		581
5. ....	EVEREST REINS CO.....		533

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.....	116,575	158,291	YES
7. ....	ACE PROP & CAS INS CO.....	1,281	11,419	NO
8. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....	295	581	NO
9. ....	OHIO MINE SUBSIDENCE FUND.....	4	8	NO
10. ....	SWISS REINS AMER CORP.....	2	468	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)	24,864,879		24,864,879
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	250,892		250,892
6. Net amount recoverable from reinsurers		(1,314,695)	(1,314,695)
7. Protected cell assets (Line 27)		122,648,956	122,648,956
8. Totals (Line 28)	25,115,771	121,334,261	146,450,032
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3)	-	44,291,202	44,291,202
10. Taxes, expenses, and other obligations (Lines 4 through 8)	25,930		25,930
11. Unearned premiums (Line 9)		78,357,754	78,357,754
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)	1,314,695	(1,314,695)	-
16. Amounts withheld or retained by company for account of others (Line 14)	-		-
17. Provision for reinsurance (Line 16)	-		-
18. Other liabilities	42,230		42,230
19. Total liabilities excluding protected cell business (Line 26)	1,382,855	121,334,261	122,717,116
20. Protected cell liabilities (Line 27)	-		-
21. Surplus as regards policyholders (Line 37)	23,732,916	XXX	23,732,916
22. Totals (Line 38)	25,115,771	121,334,261	146,450,032

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 Grange 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**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

(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

States, Etc.		Direct Business Only					Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
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	UDP	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	10322	31-1432675				GRANGE INDEMNITY INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	40118	41-1405571				TRUSTGARD INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	11136	31-1769414				GRANGE INSURANCE COMPANY OF MICHIGAN	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	11982	42-1610213				GRANGE PROPERTY & CASUALTY INSURANCE COMPANY	OH	RE	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	14303	39-0367560				INTEGRITY INSURANCE COMPANY	OH	IA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	10288	81-3455935				INTEGRITY SELECT INSURANCE COMPANY	OH	IA	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	12986	41-2236417				INTEGRITY PROPERTY & CASUALTY INSURANCE COMPANY	OH	IA	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
			31-1145043				GRANGEAMERICA	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
			31-1193707				NORTHVIEW INSURANCE AGENCY	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
			83-2982350				GRANGE MUTUAL HOLDING COMPANY	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	Board of Directors		GRANGE MUTUAL HOLDING COMPANY	NO	
			83-2949300				GRANGE HOLDINGS, INC.	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	

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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. No business written.	 1 1 9 8 2 2 0 2 5 4 2 0 0 0 0 0 0
12. No business written.	 1 1 9 8 2 2 0 2 5 2 4 0 0 0 0 0 0
13. No business written.	 1 1 9 8 2 2 0 2 5 3 6 0 0 0 0 0 0
14. No business written.	 1 1 9 8 2 2 0 2 5 4 5 5 0 0 0 0 0
15. No business written.	 1 1 9 8 2 2 0 2 5 4 9 0 0 0 0 0 0
16. No business written.	 1 1 9 8 2 2 0 2 5 3 8 5 0 0 0 0 0
17. No business written.	 1 1 9 8 2 2 0 2 5 4 0 1 0 0 0 0 0
18. No business written.	 1 1 9 8 2 2 0 2 5 3 6 5 0 0 0 0 0
19.	
20.	
21. Reinsurance attestation supplement filed	 1 1 9 8 2 2 0 2 5 4 0 0 0 0 0 0 0
22. No business written.	 1 1 9 8 2 2 0 2 5 5 0 0 0 0 0 0 0
23. No business written.	 1 1 9 8 2 2 0 2 5 5 0 5 0 0 0 0 0
24. No business written.	 1 1 9 8 2 2 0 2 5 2 2 4 0 0 0 0 0
25. No business written.	 1 1 9 8 2 2 0 2 5 2 2 5 0 0 0 0 0
26. No business written.	 1 1 9 8 2 2 0 2 5 2 2 6 0 0 0 0 0
27. No business written.	 1 1 9 8 2 2 0 2 5 5 5 5 0 0 0 0 0
28.	
29.	
30. No business written.	 1 1 9 8 2 2 0 2 5 2 3 0 0 0 0 0 0
31. No business written.	 1 1 9 8 2 2 0 2 5 3 0 6 0 0 0 0 0
32. No business written.	 1 1 9 8 2 2 0 2 5 2 1 0 0 0 0 0 0
33. No business written.	 1 1 9 8 2 2 0 2 5 2 1 6 0 0 0 0 0
34.	
35. No business written	 1 1 9 8 2 2 0 2 5 2 9 0 0 0 0 0 0
36. No business written.	 1 1 9 8 2 2 0 2 5 5 6 0 0 0 0 0 0
37. No business written	 1 1 9 8 2 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 Fees.....	-	-	21,330	21,330
2497. Summary of remaining write-ins for Line 24 from overflow page.....	-	-	21,330	21,330

**OVERFLOW PAGE FOR WRITE-INS**



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

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

NAIC Group Code: 0267

NAIC Company Code: 11982

	Direct Business Only			
	Prior Year	Current Year		
	1	2	3	4
	Written Premium	Written Premium	Losses Paid (deducting salvage)	Losses Unpaid (Case Base)
1. Completed operations.....				
2. Errors & omissions (E&O).....				
3. Directors & officers (D&O).....				
4. Environmental liability.....				
5. Excess workers' compensation.....				
6. Commercial excess & umbrella.....				
7. Personal umbrella.....	1,246,565	1,374,792	1,480,000	550,000
8. Employment liability.....				
9. Aggregate write-ins for facilities and premises (CGL).....				
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....				
12. Total ASL 17 - other liability (sum of lines 1 through 11).....	1,246,565	1,374,792	1,480,000	550,000
<b>Details of Write-Ins</b>				
0901.....				
0902.....				
0903.....				
0998. Summary of remaining write-ins for Line 09 from overflow page.....				
0999. Summary of remaining write-ins for Line 09 from overflow page.....				
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Summary of remaining write-ins for Line 11 from overflow page.....				

**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 Georgia

NAIC Group Code: 0267

NAIC Company Code: 11982

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

NAIC Group Code: 0267

NAIC Company Code: 11982

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 Kentucky

NAIC Group Code: 0267

NAIC Company Code: 11982

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

NAIC Group Code: 0267

NAIC Company Code: 11982

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

NAIC Group Code: 0267

NAIC Company Code: 11982

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