



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

NAIC Group Code.....0267.....0267.....NAIC Company Code.....12986.....Employer's ID Number.....41-2236417.....
(Current) (Prior)

Organized under the Laws of..... OH..... State of Domicile or Port of Entry..... OH.....
Country of Domicile..... US.....
Incorporated/Organized..... 04/18/2007..... Commenced Business..... 11/01/2007.....
Statutory Home Office..... 671 South High Street..... Columbus, OH, US 43206-1066.....
Main Administrative Office..... 671 South High Street.....
Columbus, OH, US 43206-1066..... 614-445-2900.....
(Telephone)
Mail Address..... 671 South High Street..... Columbus, OH, US 43206-1066.....
Primary Location of Books and
Records..... 671 South High Street.....
Columbus, OH, US 43206-1066..... 614-445-2900.....
(Telephone)
Internet Website Address..... www.integrityinsurance.com.....
Statutory Statement Contact..... William Charles Thorsberg..... 614-445-2900.....
(Telephone)
thorsbergw@grangeinsurance.com.....
(E-Mail) (Fax)

OFFICERS

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

DIRECTORS OR TRUSTEES

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

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

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

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 IOWA DURING THE YEAR 2025**

NAIC Group Code: 0267

NAIC Company Code: 12986

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	11,088	9,889		8,193		(329)	668		(10)	38	2,236	427
2.1 Allied lines	24,186	22,567		16,658		(2,047)	1,531		(86)	86	4,877	385
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	180,160	130,946		93,823	42,415	43,954	2,331		1,848	2,087	32,726	2,971
4. Homeowners multiple peril	783,021	783,176		407,699	709,908	707,120	34,516	125	(427)	8,019	110,094	12,480
5.1 Commercial multiple peril (non-liability portion)	2,051,873	2,082,430		629,392	304,726	14,018	33,692	2,708	15,548	25,623	412,418	32,703
5.2 Commercial multiple peril (liability portion)	1,477,594	1,544,433		514,056	179,282	528,471	1,961,357	70,946	31,669	628,090	297,971	23,550
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	20,230	19,441		10,585	10,018	10,028	442		(143)	37	3,202	372
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability — occurrence												
11.2 Medical professional liability — claims-made												
12. Earthquake	315	361		149							53	5
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (group and individual)												
15.1 Vision only (b)												
15.2 Dental only (b)												
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)												
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)												
16. Workers' compensation	1,414,425	966,894	8,395	705,067	250,281	670,370	622,802	11,975	73,448	107,563	143,315	22,593
17.1 Other liability—occurrence	25,622	26,533		18,751		(2,096)	21,999		(2,221)	8,240	4,929	758
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability — occurrence						(203)			(124)			
18.2 Products liability — claims-made												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	2,733,510	2,326,130		1,169,271	1,784,156	2,086,643	1,857,773	54,541	184,502	184,443	342,148	43,667
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	3,655,804	3,076,464		1,632,942	2,099,939	3,750,279	3,673,435	30,283	121,240	397,912	659,810	58,266
21.1 Private passenger auto physical damage	4,983,090	4,217,225		2,149,100	1,858,294	2,152,841	252,095		(1,800)	1,137	624,668	79,421
21.2 Commercial auto physical damage	2,146,581	1,911,577		920,335	1,040,938	1,076,165	134,578		(778)	10,447	387,442	34,263
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)	19,507,498	17,118,065	8,395	8,276,022	8,279,956	11,035,215	8,597,219	170,578	422,665	1,373,721	3,025,888	311,863
<b>Details of Write-Ins</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

19.1A

(a) Finance and service charges not included in Lines 1 to 35 \$86,063

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



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

NAIC Group Code: 0267

NAIC Company Code: 12986

19 MN

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						1			-			
2.1 Allied lines						(63)			(3)			
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	262,141	177,006		132,526	22,694	27,469	5,651		2,533	2,858	46,402	6,548
4. Homeowners multiple peril	1,833,998	1,795,636		995,218	986,390	876,831	241,055	3,125	(486)	18,404	265,370	29,280
5.1 Commercial multiple peril (non-liability portion)	1,113,073	949,063		638,460	241,056	242,030	114,866	2,843	8,015	11,248	218,696	20,078
5.2 Commercial multiple peril (liability portion)	768,872	582,359		321,316	369,153	513,198	849,373	10,944	97,791	216,135	150,402	17,960
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	71,899	59,234		38,429	13,016	13,067	1,207		(391)	104	11,356	1,679
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake	15	15		8							2	-
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	438,732	219,715		219,017	94	75,497	75,403		22,218	22,218	42,473	10,373
17.1 Other liability—occurrence	33,134	35,225		15,088		(3,246)	39,415		(1,395)	3,829	5,653	774
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability – occurrence	6,107	6,107				(125)	3,863		(225)	2,221	1,203	143
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)	2,282,815	1,850,853		1,028,616	952,779	1,126,765	452,871	26,190	(28,730)	70,657	276,225	53,323
19.2 Other private passenger auto liability	8,784,511	6,654,825		4,142,527	2,741,290	4,413,048	4,354,416	18,966	(6,561)	71,436	1,061,450	185,569
19.3 Commercial auto no-fault (personal injury protection)	420,388	368,978		205,421	49,060	40,213	46,948		4,231	14,828	64,692	9,820
19.4 Other commercial auto liability	3,911,985	3,288,451		1,875,249	1,817,472	2,044,515	3,200,682	88,196	187,710	424,552	635,563	91,378
21.1 Private passenger auto physical damage	13,362,549	10,272,788		6,274,498	4,337,333	4,893,275	594,001	14,617	5,168	14,825	1,616,443	312,255
21.2 Commercial auto physical damage	2,046,279	1,721,662		890,048	824,605	749,837	115,716	11,345	11,431	8,185	338,307	47,739
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
29. International												
30. Warranty												
31. Reins nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
32. Reins nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
33. Reins nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
34. Aggregate write-ins for other lines of business												
35. TOTAL (a)	35,336,498	27,981,917		16,776,421	12,354,940	15,012,312	10,095,467	176,226	301,306	881,501	4,734,236	786,919
<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 \$172,373

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



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

NAIC Group Code: 0267

NAIC Company Code: 12986

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.MS

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

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



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

NAIC Group Code: 0267

NAIC Company Code: 12986

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

**NONE**

19.MO

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

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



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

NAIC Group Code: 0267

NAIC Company Code: 12986

19.0H

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**

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

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



**EXHIBIT OF PREMIUMS AND LOSSES**  
**BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2025**  
 NAIC Group Code: 0267      NAIC Company Code: 12986

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						(826)			(40)			
2.1 Allied lines						(1,560)			(75)			
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	211,010	140,411		105,489	36,537	36,177	1,562		1,399	1,942	37,911	3,300
4. Homeowners multiple peril	3,373,809	3,449,092		1,734,358	4,644,344	4,390,723	614,323	52,408	44,836	35,479	498,558	52,765
5.1 Commercial multiple peril (non-liability portion)	1,456,101	1,067,644		592,078	256,189	236,542	16,197		6,366	11,991	287,636	22,773
5.2 Commercial multiple peril (liability portion)	702,633	437,411		331,493	37,885	229,159	362,764	3,861	83,568	163,041	139,757	10,989
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	147,802	149,166		71,686	16,497	7,338	9,315		(1,302)	273	23,893	2,312
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake	292	291		46							40	5
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	186,989	58,244		129,386	7,642	76,323	68,920		5,132	5,198	18,636	2,924
17.1 Other liability—occurrence	92,282	95,618		46,286		8,847	123,385		(552)	972	15,270	1,493
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	25,370,006	25,415,264		9,810,264	15,149,710	16,893,528	21,802,723	632,190	627,094	1,013,314	3,415,220	396,778
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	4,046,700	3,194,052		1,697,624	1,072,757	1,684,279	3,187,116	218,520	253,495	391,338	632,696	63,289
21.1 Private passenger auto physical damage	32,694,229	32,896,247		12,731,568	18,484,394	18,871,893	705,635	23,400	11,810	15,168	4,383,157	511,326
21.2 Commercial auto physical damage	2,050,783	1,537,906		936,255	385,423	470,882	135,463	893	432	7,388	319,995	32,074
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)	70,332,636	68,441,347		28,186,533	40,091,378	42,903,305	27,027,402	931,271	1,032,164	1,646,105	9,772,768	1,100,028
<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 WI

(a) Finance and service charges not included in Lines 1 to 35 \$618,218

(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: 12986

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	11,088	9,889		8,193		(1,155)	668		(50)	38	2,236	427
2.1 Allied lines	24,186	22,567		16,658		(3,669)	1,531		(164)	86	4,877	385
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	653,311	448,363		331,838	101,645	107,600	9,543		5,779	6,887	117,039	12,820
4. Homeowners multiple peril	5,990,827	6,027,904		3,137,275	6,340,642	5,974,675	889,894	55,658	43,922	61,902	874,021	94,526
5.1 Commercial multiple peril (non-liability portion)	4,621,047	4,099,137		1,859,930	801,970	492,590	164,755	5,550	29,930	48,862	918,749	75,554
5.2 Commercial multiple peril (liability portion)	2,949,099	2,564,202		1,166,865	586,319	1,270,828	3,173,493	85,751	213,028	1,007,265	588,130	52,499
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	239,932	227,840		120,701	39,531	30,433	10,963		(1,836)	414	38,452	4,364
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake	622	667		204							94	10
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	2,040,146	1,244,854	8,395	1,053,469	258,016	822,189	767,125	11,975	100,798	134,980	204,424	35,891
17.1 Other liability—occurrence	151,038	157,377		80,125		3,505	184,800		(4,168)	13,041	25,851	3,026
17.2 Other liability—claims-made												
17.3 Excess workers' compensation												
18.1 Products liability – occurrence	6,107	6,107				(328)	3,863		(350)	2,221	1,203	143
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)	2,282,815	1,850,853		1,028,616	952,779	1,126,765	452,871	26,190	(28,730)	70,657	276,225	53,323
19.2 Other private passenger auto liability	36,888,027	34,396,220		15,122,063	19,675,157	23,393,219	28,014,912	705,698	805,035	1,269,193	4,818,818	626,014
19.3 Commercial auto no-fault (personal injury protection)	420,388	368,978		205,421	49,060	40,213	46,948		4,231	14,828	64,692	9,820
19.4 Other commercial auto liability	11,614,489	9,558,967		5,205,815	4,990,168	7,479,073	10,061,233	337,000	562,445	1,213,801	1,928,070	212,933
21.1 Private passenger auto physical damage	51,039,867	47,386,260		21,155,166	24,680,021	25,918,010	1,551,731	38,017	15,178	31,130	6,624,268	903,002
21.2 Commercial auto physical damage	6,243,643	5,171,146		2,746,637	2,250,966	2,296,885	385,757	12,238	11,085	26,021	1,045,743	114,075
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)	125,176,632	113,541,329	8,395	53,238,976	60,726,274	68,950,832	45,720,088	1,278,075	1,756,135	3,901,327	17,532,893	2,198,811
<b>Details of Write-Ins</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

19. GT

(a) Finance and service charges not included in Lines 1 to 35 \$876,654

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

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

**NONE**

(21) Schedule F - Part 2

**NONE**

Annual Statement for the Year 2025 of the Integrity Property and Casualty Insurance Company

**SCHEDULE F - PART 3**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Special Code	6 Reinsurance Premiums Ceded	Reinsurance Recoverable On										16 Amount in Dispute Included in Column 15	Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15- [17+18]	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals	17 Ceded Balances Payable		18 Other Amounts Due to Reinsurers			
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>																				
31-4192970	14060	GRANGE INS CO	OH		124,300			25,743		19,882			53,133		98,758			98,758	4,785	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling					124,300		25,743		19,882			53,133		98,758			98,758	4,785		
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																				
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates					124,300		25,743		19,882			53,133		98,758			98,758	4,785		
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																				
47-0574325	32603	BERKLEY INS CO	DE		23	-		-		-			10		10			10		
22-2005057	26921	EVEREST REINS CO	DE		12	-		-		-			-		-			-		
13-2673100	22039	GENERAL REINS CORP	DE		78	-		95		-			20		115			115		
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		213	-		-		-			75		75			75		
04-1543470	23043	LIBERTY MUT INS CO	MA		2	-		-		-			-		-			-		
13-3138390	42307	NAVIGATORS INS CO	NY		4	-		-		-			-		-			-		
47-0698507	23680	ODYSSEY REINS CO	CT		29	-		-		-			-		-			-		
13-1675535	25364	SWISS REINS AMER CORP	NY		72	-		-		-			-		-			-		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		4	-		-		-			-		-			-		
42-0644327	13021	UNITED FIRE & CAS CO	IA		38	-		-		-			-		-			-		
74-2195939	42374	HOUSTON CAS CO	TX		4	-		-		-			-		-			-		
52-1952955	10357	RENAISSANCE REINS US INC	MD		112	-		-		-			-		-			-		
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers					592		95		-			106		201			201			
<b>Total Authorized, Other Non-U.S. Insurers</b>																				
AA-1127084		Lloyd's Syndicate Number 1084	GBR		6	-		-		-			-		-			-		
AA-1120171		Lloyd's Syndicate Number 1856	GBR		5	-		-		-			-		-			-		
AA-1128001		Lloyd's Syndicate Number 2001	GBR		5	-		-		-			-		-			-		
AA-1128623		Lloyd's Syndicate Number 2623	GBR		1	-		-		-			-		-			-		
AA-1128791		Lloyd's Syndicate Number 2791	GBR		3	-		-		-			-		-			-		
AA-1120236		Lloyd's Syndicate Number 2843	GBR		3	-		-		-			-		-			-		
AA-1128987		Lloyd's Syndicate Number 2987	GBR		4	-		-		-			-		-			-		
AA-1120179		Lloyd's Syndicate Number 2988	GBR		1	-		-		-			-		-			-		
AA-1126033		Lloyd's Syndicate Number 33	GBR		4	-		-		-			-		-			-		
AA-1126435		Lloyd's Syndicate Number 435	GBR		3	-		-		-			-		-			-		
AA-1126609		Lloyd's Syndicate Number 609	GBR		4	-		-		-			-		-			-		
1299999 - Total Authorized, Other Non-U.S. Insurers					40		-		-				-		-			-		
1499999 - Total Authorized Excluding Protected Cells					124,932		25,838		19,882			53,239		98,959			98,959	4,785		
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																				
AA-1780116		Chaucer Ins Co Designated Activity Co	IRL		5	-		-		-			-		-			-		
AA-9240012		China Prop & Cas Reins Co Ltd	CHN		1	-		-		-			-		-			-		
AA-1340028		Devk Ruckversicherungs	DEU		19	-		-		-			-		-			-		
AA-1490002		Helvetia Swiss In Co	LIE		35	-		-		-			-		-			-		
AA-5420050		KOREAN REINS CO	KOR		3	-		-		-			-		-			-		
AA-1440060		LANSFORSKRINGS BOLAG ENS AB	SWE		1	-		-		-			-		-			-		
2699999 - Total Unauthorized, Other Non-U.S. Insurers					63		-		-				-		-			-		
2899999 - Total Unauthorized Excluding Protected Cells					63		-		-				-		-			-		
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																				
RJ-3194126		Arch Reins Ltd	BMU		17	-		-		-			-		-			-		
RJ-1120191		Convex Ins UK Ltd	GBR		11	-		-		-			-		-			-		
RJ-3191400		Convex Re Ltd	BMU		3	-		-		-			-		-			-		
RJ-3191190		Hamilton Re Ltd	BMU		12	-		-		-			-		-			-		

**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		
RJ-3190060		Hannover Re (Bermuda) Ltd	BMU		1	-	-	-	-	-	-	-	-	-	-	-	-	-

**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		120	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3191239		Lumen Re Ltd	BMU		3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1840000		Mapfre Re Compania de Reaseguros SA	ESP		4	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1460019		MS Amlin AG	CHE		8	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3190686		Partner Reins Co Ltd	BMU		2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers					181	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells					181	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					125,177	-	25,838			19,882	-	53,239		98,959				98,959	4,785
9999999 - Totals					125,177	-	25,838			19,882	-	53,239		98,959				98,959	4,785

**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					4,785	93,973	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling																	
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																	
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates																	
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																	
47-0574325	BERKLEY INS CO						10	-	10	13		13		13	2		-
22-2005057	EVEREST REINS CO					-	-	-	-	-		-		-	2		-
13-2673100	GENERAL REINS CORP						115	-	115	138		138		138	1		2
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO						75	-	75	90		90		90	1		1
04-1543470	LIBERTY MUT INS CO						-	-	-	-		-		-	3		-
13-3138390	NAVIGATORS INS CO						-	-	-	-		-		-	3		-
47-0698507	ODYSSEY REINS CO						-	-	-	-		-		-	2		-
13-1675535	SWISS REINS AMER CORP						-	-	-	-		-		-	2		-
13-5616275	TRANSATLANTIC REINS CO						-	-	-	-		-		-	2		-
42-0644327	UNITED FIRE & CAS CO						-	-	-	-		-		-	4		-
74-2195939	HOUSTON CAS CO						-	-	-	-		-		-	1		-
52-1952955	RENAISSANCE REINS US INC						-	-	-	-		-		-	2		-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																	
<b>Total Authorized, Other Non-U.S. Insurers</b>																	
AA-1127084	Lloyd's Syndicate Number 1084					-	-	-	-	-		-		-	3		-
AA-1120171	Lloyd's Syndicate Number 1856					-	-	-	-	-		-		-	3		-
AA-1128001	Lloyd's Syndicate Number 2001					-	-	-	-	-		-		-	3		-
AA-1128623	Lloyd's Syndicate Number 2623					-	-	-	-	-		-		-	3		-
AA-1128791	Lloyd's Syndicate Number 2791					-	-	-	-	-		-		-	3		-
AA-1120236	Lloyd's Syndicate Number 2843					-	-	-	-	-		-		-	3		-
AA-1128987	Lloyd's Syndicate Number 2987					-	-	-	-	-		-		-	3		-
AA-1120179	Lloyd's Syndicate Number 2988					-	-	-	-	-		-		-	3		-
AA-1126033	Lloyd's Syndicate Number 33					-	-	-	-	-		-		-	3		-
AA-1126435	Lloyd's Syndicate Number 435					-	-	-	-	-		-		-	3		-
AA-1126609	Lloyd's Syndicate Number 609					-	-	-	-	-		-		-	3		-
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					-	-	-	-	-		-		-	3		-
AA-9240012	China Prop & Cas Reins Co Ltd					-	-	-	-	-		-		-	3		-
AA-1340028	Devk Ruckversicherungs					-	-	-	-	-		-		-	2		-
AA-1490002	Helvetia Swiss In Co					-	-	-	-	-		-		-	2		-
AA-5420050	KOREAN REINS CO					-	-	-	-	-		-		-	3		-

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number From Col. 1	Name of Reinsurer From Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28*120%)	Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	Reinsurer Designation Equivalent	Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1440060	LANSFORSKRINGS BOLAG ENS AB					-	-	-	-	-					3		-
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		-
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					-	-	-	-	-					3		-
RJ-1460019	MS Amlin AG					-	-	-	-	-					2		-
RJ-3190686	Partner Reins Co Ltd					-	-	-	-	-					2		-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers				XXX		-	-	-	-	-					XXX		-
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells				XXX		-	-	-	-	-					XXX		-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells				XXX		4,785	94,174	-	201	241		241		241	XXX		4
9999999 - Totals				XXX		4,785	94,174	-	201	241		241		241	XXX		4

Annual Statement for the Year 2025 of the Integrity Property and Casualty Insurance Company

**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																			
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																			
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																			
47-0574325	BERKLEY INS CO																	YES	-
22-2005057	EVEREST REINS CO																	YES	-
13-2673100	GENERAL REINS CORP.																	YES	-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO																	YES	-
04-1543470	LIBERTY MUT INS CO																	YES	-
13-3138390	NAVIGATORS INS CO																	YES	-
47-0698507	ODYSSEY REINS CO																	YES	-
13-1675535	SWISS REINS AMER CORP																	YES	-
13-5616275	TRANSATLANTIC REINS CO																	YES	-
42-0644327	UNITED FIRE & CAS CO																	YES	-
74-2195939	HOUSTON CAS CO																	YES	-
52-1952955	RENAISSANCE REINS US INC																	YES	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																			
<b>Total Authorized, Other Non-U.S. Insurers</b>																			
AA-1127084	Lloyd's Syndicate Number 1084																	YES	-
AA-1120171	Lloyd's Syndicate Number 1856																	YES	-
AA-1128001	Lloyd's Syndicate Number 2001																	YES	-
AA-1128623	Lloyd's Syndicate Number 2623																	YES	-
AA-1128791	Lloyd's Syndicate Number 2791																	YES	-
AA-1120236	Lloyd's Syndicate Number 2843																	YES	-
AA-1128987	Lloyd's Syndicate Number 2987																	YES	-
AA-1120179	Lloyd's Syndicate Number 2988																	YES	-
AA-1126033	Lloyd's Syndicate Number 33																	YES	-
AA-1126435	Lloyd's Syndicate Number 435																	YES	-
AA-1126609	Lloyd's Syndicate Number 609																	YES	-
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																	YES	-
AA-9240012	China Prop & Cas Reins Co Ltd																	YES	-
AA-1340028	Devk Ruckversicherungs																	YES	-
AA-1490002	Helvetia Swiss In Co																	YES	-
AA-5420050	KOREAN REINS CO																	YES	-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB																	YES	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers																			
2899999 - Total Unauthorized Excluding Protected Cells																			

**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 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-1460019	MS Amlin AG																YES	-
RJ-3190686	Partner Reins Co Ltd																YES	-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers																		
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells																		
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells																		
9999999 - Totals																		

Annual Statement for the Year 2025 of the Integrity Property and Casualty Insurance Company

**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>																		
47-0574325	BERKLEY 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	
13-2673100	GENERAL REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
04-1543470	LIBERTY MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3138390	NAVIGATORS INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0698507	ODYSSEY REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5616275	TRANSATLANTIC REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0644327	UNITED FIRE & CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
74-2195939	HOUSTON CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	RENAISSANCE REINS US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																		
<b>Total Authorized, Other Non-U.S. Insurers</b>																		
AA-1127084	Lloyd's Syndicate Number 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120171	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128791	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120236	Lloyd's Syndicate Number 2843	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120179	Lloyd's Syndicate Number 2988	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126033	Lloyd's Syndicate Number 33	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126435	Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1126609	Lloyd's Syndicate Number 609	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-1490002	Helvetia Swiss In Co	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			
		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	XXX	
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																			
RJ-3194126	Arch Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1120191	Convex Ins UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191400	Convex Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3190060	Hannover Re (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1340125	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3191239	Lumen Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1840000	Mapfre Re Compania de Reaseguros SA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
RJ-3190686	Partner Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		XXX	XXX	XXX				XXX	XXX										
9999999 - Totals		XXX	XXX	XXX				XXX	XXX										

25.1

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

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance				
			71	72	73	74	75	76	77	78	
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Complete if Col. 52 = "Yes"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
<b>Total Authorized, Affiliates, U.S. Intercompany Pooling</b>											
31-4192970	GRANGE INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling		-	XXX	XXX	-	-	-	-	XXX	XXX	-
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>											
47-0574325	BERKLEY INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
22-2005057	EVEREST REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-2673100	GENERAL REINS CORP	-	XXX	XXX	-	-	-	-	XXX	XXX	-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
04-1543470	LIBERTY MUT INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-3138390	NAVIGATORS INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
47-0698507	ODYSSEY REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-1675535	SWISS REINS AMER CORP	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-5616275	TRANSATLANTIC REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
42-0644327	UNITED FIRE & CAS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
74-2195939	HOUSTON CAS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
52-1952955	RENAISSANCE REINS US INC	-	XXX	XXX	-	-	-	-	XXX	XXX	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers		-	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-1120171	Lloyd's Syndicate Number 1856	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128001	Lloyd's Syndicate Number 2001	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128791	Lloyd's Syndicate Number 2791	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120236	Lloyd's Syndicate Number 2843	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128987	Lloyd's Syndicate Number 2987	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120179	Lloyd's Syndicate Number 2988	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126033	Lloyd's Syndicate Number 33	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126435	Lloyd's Syndicate Number 435	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1126609	Lloyd's Syndicate Number 609	-	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-1490002	Helvetia Swiss In Co	-	-	-	XXX	XXX	XXX	-	-	XXX	-
AA-5420050	KOREAN REINS CO	-	-	-	XXX	XXX	XXX	-	-	XXX	-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB	-	-	-	XXX	XXX	XXX	-	-	XXX	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers		-	-	-	XXX	XXX	XXX	-	-	XXX	-
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>											

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

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

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance				
			71	72	73	74	75	76	77	78	
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Complete if Col. 52 = "Yes"; Otherwise Enter 0  Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Complete if Col. 52 = "No"; Otherwise Enter 0	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
RJ-3194126	Arch Reins Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-1120191	Convex Ins UK Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3191400	Convex Re Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-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-1460019	MS Amlin AG	-	XXX	XXX	-	-	-	-	XXX	XXX	-
RJ-3190686	Partner Reins Co Ltd	-	XXX	XXX	-	-	-	-	XXX	XXX	-
5499999	- Total Reciprocal Jurisdiction, Other Non-U.S. Insurers	-	XXX	XXX	-	-	-	-	XXX	XXX	-
5699999	- Total Reciprocal Jurisdiction Excluding Protected Cells	-	XXX	XXX	-	-	-	-	XXX	XXX	-
5799999	- Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells	-	-	-	-	-	-	-	-	-	-
9999999	- Totals	-	-	-	-	-	-	-	-	-	-

**SCHEDULE F - PART 4**

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

1	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.....		124,300
2. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....		213
3. ....	Hannover Rueck SE.....		120
4. ....	RENAISSANCE REINS US INC.....		112
5. ....	GENERAL REINS CORP.....		78

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.....	98,758	124,300	YES
7. ....	GENERAL REINS CORP.....	115	78	NO
8. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....	75	213	NO
9. ....	BERKLEY INS CO.....	10	23	NO
10.....	Hannover Rueck SE.....	-	120	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)	14,730,309		14,730,309
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	79,795		79,795
6. Net amount recoverable from reinsurers		(4,785,016)	(4,785,016)
7. Protected cell assets (Line 27)		104,996,561	104,996,561
8. Totals (Line 28)	14,810,104	100,211,545	115,021,649
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3)	—	51,757,584	51,757,584
10. Taxes, expenses, and other obligations (Lines 4 through 8)	440		440
11. Unearned premiums (Line 9)		53,238,976	53,238,976
12. Advance premiums (Line 10)	—		—
13. Dividends declared and unpaid (Line 11.1 and 11.2)	—		—
14. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	—		—
15. Funds held by company under reinsurance treaties (Line 13)	4,785,015	(4,785,015)	—
16. Amounts withheld or retained by company for account of others (Line 14)	7,923		7,923
17. Provision for reinsurance (Line 16)	—		—
18. Other liabilities	139,372		139,372
19. Total liabilities excluding protected cell business (Line 26)	4,932,750	100,211,545	105,144,295
20. Protected cell liabilities (Line 27)	—		—
21. Surplus as regards policyholders (Line 37)	9,877,354	XXX	9,877,354
22. Totals (Line 38)	14,810,104	100,211,545	115,021,649

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

(30) Schedule H - Part 1

**NONE**

(30) Write-Ins for Line 11 - Deductions

**NONE**

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

**NONE**

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

**NONE**

(31) Schedule H - Part 4 - Reinsurance

**NONE**

(32) Schedule H - Part 5

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Annual Statement for the Year 2025 of the Integrity Property and Casualty Insurance Company

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**SCHEDULE P INTERROGATORIES**

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

Years in Which Premiums Were Earned and Losses Were Incurred	DDR Reserve Included in Schedule P, Part 1F, Medical Professional Liability Column 24: Total Net Losses and Expenses Unpaid	
	1 Section 1: Occurrence	2 Section 2: Claims-Made
1.601. Prior.....		
1.602. 2016.....		
1.603. 2017.....		
1.604. 2018.....		
1.605. 2019.....		
1.606. 2020.....		
1.607. 2021.....		
1.608. 2022.....		
1.609. 2023.....		
1.610. 2024.....		
1.611. 2025.....		
1.612. Totals.....		

2. The definition of allocated loss adjustment expenses (ALAE) and, therefore, unallocated loss adjustment expenses (ULAE) was changed effective January 1, 1998. This change in definition applies to both paid and unpaid expenses. Are these expenses (now reported as "Defense and Cost Containment" and "Adjusting and Other") reported in compliance with these definitions in this statement?..... YES.....
3. The Adjusting and Other expense payments and reserves should be allocated to the years in which the losses were incurred based on the number of claims reported, closed and outstanding in those years. When allocating Adjusting and Other expense between companies in a group or a pool, the Adjusting and Other expense should be allocated in the same percentage used for the loss amounts and the claim counts. For reinsurers, Adjusting and Other expense assumed should be reported according to the reinsurance contract. For Adjusting and Other expense incurred by reinsurers, or in those situations where suitable claim count information is not available, Adjusting and Other expense should be allocated by a reasonable method determined by the company and described in Interrogatory 7, below. Are they so reported in this Statement?..... YES.....
4. Do any lines in Schedule P include reserves that are reported gross of any discount to present value of future payments, and that are reported net of such discounts on Page 10?..... NO.....

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

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

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

5. What were the net premiums (in thousands of dollars) in force at the end of the year for:
  - 5.1. Fidelity..... \$.....
  - 5.2. Surety..... \$.....
6. Claim count information is reported per claim or per claimant (indicate which)..... CLAIMANT.....  
If not the same in all years, explain in Interrogatory 7.
- 7.1. The information provided in Schedule P will be used by many persons to estimate the adequacy of the current loss and expense reserves, among other things. Are there any especially significant events, coverage, retention or accounting changes that have occurred that must be considered when making such analyses?..... YES.....
- 7.2. An extended statement may be attached  
As of 1/1/2025, the intercompany pooling agreement was amended. The intercompany pooling agreement now cedes underwriting results back only to Grange Insurance Company, with all other members of the Grange Insurance Operations pool receiving 0% from the pool. Updates to historical balances have been made accordingly. Grange Insurance Company remains the lead company.

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

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	IA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	10322	31-1432675				GRANGE INDEMNITY INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	40118	41-1405571				TRUSTGARD INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	11136	31-1769414				GRANGE INSURANCE COMPANY OF MICHIGAN	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	11982	42-1610213				GRANGE PROPERTY & CASUALTY INSURANCE COMPANY	OH	IA	GRANGE INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	14303	39-0367560				INTEGRITY INSURANCE COMPANY	OH	UDP	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	10288	81-3455935				INTEGRITY SELECT INSURANCE COMPANY	OH	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	RE	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
			31-1145043				GRANGEAMERICA	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
			31-1193707				NORTHVIEW INSURANCE AGENCY	OH	NIA	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
			83-2982350				GRANGE MUTUAL HOLDING COMPANY	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	Board of Directors		GRANGE MUTUAL HOLDING COMPANY	NO	
			83-2949300				GRANGE HOLDINGS, INC.	OH	UIP	GRANGE MUTUAL HOLDING COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	

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Asterisk	Explanation

**SCHEDULE Y**

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

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

**SCHEDULE Y**

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

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

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES****REQUIRED FILINGS**

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























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

**SUPPLEMENTAL FILINGS**

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

	Response
<b>March Filing</b>	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO.....
12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?.....	NO.....
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?.....	NO.....
14. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed by March 1?.....	NO.....
15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1?.....	NO.....
17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1?.....	NO.....
18. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
19. Will the confidential Actuarial Opinion Summary be filed with the state of domicile, if required, by March 15 (or the date otherwise specified)?.....	YES.....
20. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?.....	YES.....
21. Will the Exceptions to the Reinsurance Attestation Supplement be filed with the state of domicile by March 1?.....	NO.....
22. Will the Bail Bond Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
23. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO.....
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO.....
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO.....
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO.....
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?.....	NO.....
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?.....	YES.....
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES.....
<b>April Filing</b>	
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?.....	NO.....
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO.....
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	NO.....
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	NO.....
34. Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?.....	YES.....
35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	NO.....
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?.....	NO.....
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?.....	NO.....
<b>August Filing</b>	
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	YES.....

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

	Explanation	Barcode
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	Business not written	 1 2 9 8 6 2 0 2 5 4 2 0 0 0 0 0 0
12.	Business not written	 1 2 9 8 6 2 0 2 5 2 4 0 0 0 0 0 0
13.	Business not written	 1 2 9 8 6 2 0 2 5 3 6 0 0 0 0 0 0
14.	Business not written	 1 2 9 8 6 2 0 2 5 4 5 5 0 0 0 0 0
15.	Business not written	 1 2 9 8 6 2 0 2 5 4 9 0 0 0 0 0 0
16.	Business not written	 1 2 9 8 6 2 0 2 5 3 8 5 0 0 0 0 0
17.	Business not written	 1 2 9 8 6 2 0 2 5 4 0 1 0 0 0 0 0
18.	Business not written	 1 2 9 8 6 2 0 2 5 3 6 5 0 0 0 0 0
19.		
20.		
21.	Reinsurance attestation supplement filed	 1 2 9 8 6 2 0 2 5 4 0 0 0 0 0 0 0
22.	Business not written	 1 2 9 8 6 2 0 2 5 5 0 0 0 0 0 0 0
23.	Business not written	 1 2 9 8 6 2 0 2 5 5 0 5 0 0 0 0 0
24.	Business not written	 1 2 9 8 6 2 0 2 5 2 2 4 0 0 0 0 0
25.	Business not written	 1 2 9 8 6 2 0 2 5 2 2 5 0 0 0 0 0
26.	Business not written	 1 2 9 8 6 2 0 2 5 2 2 6 0 0 0 0 0
27.	Business not written	 1 2 9 8 6 2 0 2 5 5 5 0 0 0 0 0 0
28.		
29.		
30.	Business not written	 1 2 9 8 6 2 0 2 5 2 3 0 0 0 0 0 0
31.	Business not written	 1 2 9 8 6 2 0 2 5 3 0 6 0 0 0 0 0
32.	Business not written	 1 2 9 8 6 2 0 2 5 2 1 0 0 0 0 0 0
33.	Business not written	 1 2 9 8 6 2 0 2 5 2 1 6 0 0 0 0 0
34.		
35.	No business written	 1 2 9 8 6 2 0 2 5 2 9 0 0 0 0 0 0
36.	Business not written	 1 2 9 8 6 2 0 2 5 5 6 0 0 0 0 0 0
37.	No business written	 1 2 9 8 6 2 0 2 5 5 6 5 0 0 0 0 0
38.		

**OVERFLOW PAGE FOR WRITE-INS**

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

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

**OVERFLOW PAGE FOR WRITE-INS**



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

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

NAIC Group Code: 0267

NAIC Company Code: 12986

	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.....	135,981	120,713		
8. Employment liability.....	616	448		
9. Aggregate write-ins for facilities and premises (CGL).....				
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....	35,922	29,877		
12. Total ASL 17 - other liability (sum of lines 1 through 11).....	172,519	151,038		
<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. Commercial General Liability.....	35,922	29,877		
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.....	35,922	29,877		

**OVERFLOW PAGE FOR WRITE-INS**



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

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

NAIC Group Code: 0267

NAIC Company Code: 12986

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 Minnesota

NAIC Group Code: 0267

NAIC Company Code: 12986

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 Wisconsin

NAIC Group Code: 0267

NAIC Company Code: 12986

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