



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

NAIC Group Code.....0267.....0267.....NAIC Company Code.....14303.....Employer's ID Number.....39-0367560.....
Organized under the Laws of.....OH.....State of Domicile or Port of Entry.....OH.....
Country of Domicile.....US.....
Incorporated/Organized.....07/28/1933.....Commenced Business.....10/03/1933.....
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]





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

NAIC Group Code: 0267

NAIC Company Code: 14303

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

**NONE**

19.1L

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

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



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

NAIC Group Code: 0267

NAIC Company Code: 14303

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	120,954	88,168		70,147	16,005	15,721	4,326		54	951	20,067	2,862
2.1 Allied lines	85,487	62,769		47,467	17,885	13,327	2,862		10	595	14,597	1,881
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	554,722	456,261		241,926	409,576	234,431	89,518		2,541	7,085	100,764	12,258
4. Homeowners multiple peril	276,187	281,431		144,738	139,014	160,478	36,135		(475)	2,897	41,974	6,078
5.1 Commercial multiple peril (non-liability portion)	3,719,239	3,924,553		1,691,683	1,296,505	(624,498)	616,580	13,917	18,127	74,866	704,594	81,848
5.2 Commercial multiple peril (liability portion)	3,002,360	2,769,101		1,192,561	1,689,417	1,161,901	6,256,911	452,355	268,462	1,459,347	576,629	66,122
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	38,400	46,056		18,785		(1,766)	3,000		(154)	173	7,539	895
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake	263	230		189							44	6
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	2,406,211	4,242,832	600,278	922,160	4,280,269	1,279,562	15,673,830	259,790	(64,800)	578,576	279,117	53,003
17.1 Other liability—occurrence	2,923,591	2,874,218		1,210,247		164,009	4,211,020	26,980	27,263	23,542	530,661	64,989
17.2 Other liability—claims-made	446	339		272		1	213		(6)	123	81	10
17.3 Excess workers' compensation												
18.1 Products liability – occurrence	3,411	3,352		1,627		1,738	2,294		989	1,329	709	75
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	130,141	129,970		43,991	55,518	54,162	45,716		5,763	10,830	21,807	2,864
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	3,057,878	3,642,090		1,249,483	2,898,286	1,684,905	6,118,011	227,807	120,292	493,642	538,813	67,294
21.1 Private passenger auto physical damage	154,315	154,870		52,856	104,745	101,828	2,485		(78)	98	25,204	3,396
21.2 Commercial auto physical damage	1,836,236	2,241,331		792,486	1,965,147	1,903,214	129,701		(9,960)	12,880	323,832	40,510
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	13,536	11,765		5,811		(497)	775		(4)	44	2,730	298
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)	18,323,377	20,929,336	600,278	7,686,430	12,872,367	6,148,517	33,193,376	980,848	368,023	2,666,976	3,189,163	404,389
<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 \$50,525

(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: 14303

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	352,938	300,555		183,688	103,625	102,618	13,416	5,021	5,622	3,572	56,925	6,261
2.1 Allied lines	258,663	227,788		124,968	30,983	34,476	16,703		414	2,422	42,880	9,148
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	412,134	272,641		212,762	98,463	101,126	7,953		2,481	4,171	72,952	14,875
4. Homeowners multiple peril	1,108,353	1,138,185		587,509	302,198	236,523	57,726		(1,465)	11,724	162,339	30,808
5.1 Commercial multiple peril (non-liability portion)	10,446,595	11,317,683		4,206,173	5,199,755	5,113,363	3,411,827	179,067	199,265	234,477	1,948,639	294,332
5.2 Commercial multiple peril (liability portion)	8,391,629	8,253,572		3,470,562	7,240,081	5,563,162	18,747,906	1,243,796	872,155	4,519,849	1,615,581	296,772
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	77,259	81,250		21,966	1,000	(5,672)	251		(305)	265	14,425	2,732
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake	78	76		50							12	3
13.1 Comprehensive (hospital and medical) ind (b)												
13.2 Comprehensive (hospital and medical) group (b)												
14. Credit A&H (group and individual)												
15.1 Vision only (b)												
15.2 Dental only (b)												
15.3 Disability income (b)												
15.4 Medicare supplement (b)												
15.5 Medicaid Title XIX (b)												
15.6 Medicare Title XVIII (b)												
15.7 Long-term care (b)												
15.8 Federal employees health benefits plan (b)												
15.9 Other health (b)												
16. Workers' compensation	7,346,144	8,021,034		2,641,426	2,988,146	322,799	13,262,578	280,785	300,702	903,596	698,258	259,924
17.1 Other liability—occurrence	3,892,596	3,899,082		1,528,923	3,500,000	3,643,328	6,903,886	14,178	8,120	31,178	692,431	137,913
17.2 Other liability—claims-made	1,160	2,961		279		(954)	2,159		(642)	1,250	205	41
17.3 Excess workers' compensation												
18.1 Products liability – occurrence	(1,061)	(479)		2,077		(3,739)	(237)		(2,267)	(138)	(209)	(38)
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)	75,891	76,982		18,613	8,331	15,462	5,685		(4,770)	3,038	12,090	2,684
19.2 Other private passenger auto liability	192,256	190,512		50,491	41,752	(96,310)	92,000		(2,339)	2,499	30,734	6,212
19.3 Commercial auto no-fault (personal injury protection)	531,267	543,583		219,324	222,673	264,491	257,808	6,424	8,046	24,052	93,781	18,788
19.4 Other commercial auto liability	7,263,108	7,969,739		2,556,895	6,916,511	5,452,826	11,557,149	275,085	189,988	1,085,711	1,267,891	256,862
21.1 Private passenger auto physical damage	324,218	327,332		82,412	114,543	130,051	6,411		(799)	532	51,685	11,466
21.2 Commercial auto physical damage	4,439,776	5,030,312		1,533,570	2,692,308	2,452,497	172,238	19,141	6,274	27,748	779,014	156,914
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	24,515	24,561		8,723		109	2,785		(34)	94	4,830	867
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)	45,137,519	47,677,371		17,450,412	29,460,368	23,326,155	54,518,244	2,023,497	1,580,445	6,856,041	7,544,462	1,506,564
<b>Details of Write-Ins</b>												
3401.												
3402.												
3403.												
3498. Summary of remaining write-ins for Line 34 from overflow page												
3499. Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)												

19 MN

(a) Finance and service charges not included in Lines 1 to 35 \$78,351

(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: 14303

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: 14303

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: 14303

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

**NONE**

19.0H

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

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



**EXHIBIT OF PREMIUMS AND LOSSES**  
**BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2025**  
 NAIC Group Code: 0267 NAIC Company Code: 14303

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	2										
	Direct Premiums Written	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	613,655	550,320		328,129	384,283	325,042	22,095		38	6,708	101,775	9,166
2.1 Allied lines	368,524	341,266		191,741	49,203	195,711	217,554	3,172	3,114	4,116	61,201	5,504
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	93,152	71,438		54,118		562	2,873		471	1,075	16,712	1,391
4. Homeowners multiple peril	1,917,521	1,951,784		971,293	888,361	963,509	269,874	(250)	(2,759)	20,071	291,901	28,641
5.1 Commercial multiple peril (non-liability portion)	6,911,186	7,594,911		2,727,235	4,963,752	5,425,582	1,946,265	95,437	106,147	129,127	1,303,826	103,228
5.2 Commercial multiple peril (liability portion)	4,820,489	4,798,774		1,855,410	2,004,674	1,611,907	9,265,831	518,036	438,906	2,467,865	908,665	72,000
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	4,034,806	3,241,272		1,217,224	1,913,372	1,797,598	221,554	3,414	(180)	11,889	470,934	60,265
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake	260	254		138							39	4
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	14,074,176	15,034,325	4,350,541	4,992,557	6,931,933	1,440,782	43,576,292	290,598	140,040	1,758,324	1,402,608	210,216
17.1 Other liability—occurrence	4,124,415	4,170,505		1,528,196	313,366	1,142,861	6,740,336	2,173	6,852	49,360	740,787	61,604
17.2 Other liability—claims-made	302	283		48		(167)	179		(108)	104	54	5
17.3 Excess workers' compensation												
18.1 Products liability – occurrence	8,963	7,306		10,019		(1,873)	5,051		(1,307)	2,925	1,831	134
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)												
19.2 Other private passenger auto liability	853,301	879,855		287,546	301,039	1,043,122	1,199,619	2,800	(243)	39,005	144,699	12,745
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability	9,327,170	9,837,045		3,739,987	8,795,331	10,739,595	16,804,187	909,603	777,760	1,299,728	1,551,246	139,314
21.1 Private passenger auto physical damage	984,862	1,003,343		319,729	412,917	412,889	(10,463)	87	(174)	963	164,150	14,710
21.2 Commercial auto physical damage	5,148,738	5,573,880		1,988,795	3,375,138	3,405,220	329,233	49,465	37,623	33,724	868,986	76,903
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	24,716	23,569		7,966	11,068	11,768	1,957		(7)	89	4,667	369
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)	53,306,237	55,080,128	4,350,541	20,220,132	30,344,436	28,514,109	80,592,437	1,874,535	1,506,171	5,825,071	8,034,079	796,199
<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 \$119,345

(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: 14303

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	1,087,547	939,043		581,964	503,913	443,381	39,837	5,021	5,713	11,231	178,767	18,288
2.1 Allied lines	712,675	631,824		364,176	98,071	243,514	237,119	3,172	3,538	7,132	118,677	16,533
2.2 Multiple peril crop												
2.3 Federal flood												
2.4 Private crop												
2.5 Private flood												
3. Farmowners multiple peril	1,060,008	800,340		508,806	508,038	336,119	100,344		5,493	12,332	190,428	28,524
4. Homeowners multiple peril	3,302,062	3,371,399		1,703,541	1,329,574	1,360,509	363,735	(250)	(4,698)	34,691	496,214	65,527
5.1 Commercial multiple peril (non-liability portion)	21,077,019	22,837,148		8,625,092	11,460,013	9,914,448	5,974,673	288,421	323,539	438,469	3,957,058	479,408
5.2 Commercial multiple peril (liability portion)	16,214,479	15,821,447		6,518,533	10,934,172	8,336,969	34,270,649	2,214,186	1,579,522	8,447,061	3,100,876	434,895
6. Mortgage guaranty												
8. Ocean marine												
9.1 Inland marine	4,150,465	3,368,577		1,257,975	1,914,372	1,790,161	224,805	3,414	(639)	12,327	492,898	63,893
9.2 Pet insurance plans												
10. Financial guaranty												
11.1 Medical professional liability – occurrence												
11.2 Medical professional liability – claims-made												
12. Earthquake	601	559		377							95	12
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	23,826,532	27,298,191	4,950,819	8,556,143	14,200,347	3,043,142	72,512,699	831,174	375,942	3,240,495	2,379,983	523,143
17.1 Other liability—occurrence	10,940,601	10,943,805		4,267,366	3,813,366	4,950,198	17,855,242	43,330	42,235	104,079	1,963,879	264,505
17.2 Other liability—claims-made	1,908	3,583		599		(1,120)	2,551		(756)	1,478	341	55
17.3 Excess workers' compensation												
18.1 Products liability – occurrence	11,313	10,179		13,723		(3,874)	7,108		(2,585)	4,116	2,331	171
18.2 Products liability – claims-made												
19.1 Private passenger auto no-fault (personal injury protection)	75,891	76,982		18,613	8,331	15,462	5,685		(4,770)	3,038	12,090	2,684
19.2 Other private passenger auto liability	1,175,698	1,200,337		382,028	398,309	1,000,974	1,337,335	2,800	3,181	52,333	197,239	21,821
19.3 Commercial auto no-fault (personal injury protection)	531,267	543,583		219,324	222,673	264,491	257,808	6,424	8,046	24,052	93,781	18,788
19.4 Other commercial auto liability	19,648,156	21,448,874		7,546,365	18,610,128	17,877,327	34,479,348	1,412,494	1,088,040	2,879,082	3,357,949	463,470
21.1 Private passenger auto physical damage	1,463,394	1,485,544		454,997	632,204	644,768	(1,567)	87	(1,052)	1,593	241,039	29,572
21.2 Commercial auto physical damage	11,424,750	12,845,523		4,314,851	8,032,593	7,760,931	631,172	68,605	33,937	74,352	1,971,832	274,327
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft	62,767	59,894		22,500	11,068	11,381	5,516		(45)	227	12,226	1,534
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)	116,767,133	123,686,835	4,950,819	45,356,974	72,677,171	57,988,781	168,304,057	4,878,880	3,454,640	15,348,087	18,767,704	2,707,152
<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 \$248,221

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

**SCHEDULE F - PART 1**

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

1 ID Number	2 NAIC Company Code	3 Name of Reinsured	4 Domiciliary Jurisdiction	5 Assumed Premium	Reinsurance On			9 Contingent Commissions Payable	10 Assumed Premiums Receivable	11 Unearned Premium	12 Funds Held By or Deposited With Reinsured Companies	13 Letters of Credit Posted	14 Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	15 Amount of Assets Pledged or Collateral Held in Trust
					6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	8 Cols. 6 + 7							
<b>Affiliates, U.S. Intercompany Pooling</b>														
31-4192970	14060	GRANGE INS CO	OH	(27,357)	-	-	-	-	-	-	-	-	-	-
0199999 - Affiliates, U.S. Intercompany Pooling				(27,357)	-	-	-	-	-	-	-	-	-	-
0899999 - Total Affiliates				(27,357)	-	-	-	-	-	-	-	-	-	-
<b>Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities</b>														
AA-9991141		OHIO COMMERCIAL AUTO INS PROCEDURE	OH	22		339	339			71				
AA-9992118		NATIONAL WORKERS COMP REINS POOL	NY	210		346	346			81				
1099999 - Pools and Associations, Mandatory Pools, Associations or Other Similar Facilities				232		685	685			152				
1299999 - Total Pools and Associations				232		685	685			152				
9999999 - Totals				(27,125)	-	685	685	-	-	152	-	-	-	-

**SCHEDULE F - PART 2**

Premium Portfolio Reinsurance Effectuated or (Canceled) During Current Year

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

Annual Statement for the Year 2025 of the Integrity 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		105,384			52,753		63,032			44,337		160,123			160,123	(241)	
0199999 - Total Authorized, Affiliates, U.S. Intercompany Pooling					105,384		52,753		63,032			44,337		160,123			160,123	(241)		
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																				
0899999 - Total Authorized, Affiliates, Total Authorized - Affiliates					105,384		52,753		63,032			44,337		160,123			160,123	(241)		
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																				
75-2344200	43460	ASPEN AMER INS CO	TX		-	1		423		-	-	-	-	424				424		
51-0434766	20370	AXIS REINS CO	NY		(1)	-		1		-	-	-	-	1				1		
47-0574325	32603	BERKLEY INS CO	DE		562	6		19		-	-	238	-	264				264		
22-2005057	26921	EVEREST REINS CO	DE		19	-		1		-	-	-	-	1				1		
13-2673100	22039	GENERAL REINS CORP	DE		2,160	5		31,050		-	-	489	-	31,544				31,544		
06-0384680	11452	HARTFORD STEAM BOIL INSPEC & INS CO	CT		870	33		27		-	-	391	-	451				451		
04-1543470	23043	LIBERTY MUT INS CO	MA		3	-		-		-	-	-	-	-				-		
13-4924125	10227	MUNICH REINS AMER INC	DE		1	4		2,984		-	-	-	-	2,988				2,988		
47-0355979	20087	NATIONAL IND CO	NE		110	-		-		-	-	-	-	-				-		
13-3138390	42307	NAVIGATORS INS CO	NY		6	-		2		-	-	-	-	2				2		
47-0698507	23680	ODYSSEY REINS CO	CT		162	-		109		-	-	-	-	109				109		
13-3031176	38636	PARTNER REINS CO OF THE US	NY		-	-		212		-	-	-	-	212				212		
13-2997499	38776	SIRIUSPOINT AMER INS CO	NY		-	-		1		-	-	-	-	1				1		
13-1675535	25364	SWISS REINS AMER CORP	NY		1,406	49		3,303		1,076	-	54	-	4,481				4,481		
13-5616275	19453	TRANSATLANTIC REINS CO	NY		128	-		7		72	-	-	-	79				79		
42-0644327	13021	UNITED FIRE & CAS CO	IA		549	-		-		430	-	-	-	431				431		
13-1290712	20583	XL REINS AMER INC	NY		88	-		-		-	-	-	-	-				-		
74-2195939	42374	HOUSTON CAS CO	TX		6	-		-		-	-	-	-	-				-		
52-1952955	10357	RENAISSANCE REINS US INC	MD		1,439	2		1,379		932	-	-	-	2,313				2,313		
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers					7,508	99		39,518		2,510	-	1,172	-	43,299				43,299		
<b>Total Authorized, Pools, Mandatory Pools</b>																				
AA-9991423		MINNESOTA WORKERS COMP	MN		548	46		7,621		-	-	-	-	7,667				7,667		
1099999 - Total Authorized, Pools, Mandatory Pools					548	46		7,621		-	-	-	-	7,667				7,667		
<b>Total Authorized, Other Non-U.S. Insurers</b>																				
AA-1127036		Lloyd's Syndicate Number 1036	GBR		-	-		-		269	-	-	-	269				269		
AA-1127084		Lloyd's Syndicate Number 1084	GBR		19	-		1		-	-	-	-	1				1		
AA-1127414		Lloyd's Syndicate Number 1414	GBR		37	-		5		-	-	-	-	5				5		
AA-1120198		Lloyd's Syndicate Number 1618	GBR		-	-		13		-	-	-	-	13				13		
AA-1120156		Lloyd's Syndicate Number 1686	GBR		-	-		1		-	-	-	-	1				1		
AA-1120157		Lloyd's Syndicate Number 1729	GBR		1	-		-		-	-	-	-	-				-		
AA-1120171		Lloyd's Syndicate Number 1856	GBR		29	-		-		-	-	-	-	-				-		
AA-1128001		Lloyd's Syndicate Number 2001	GBR		193	-		-		81	-	-	-	81				81		
AA-1128121		Lloyd's Syndicate Number 2121	GBR		1	-		-		-	-	-	-	-				-		
AA-1128623		Lloyd's Syndicate Number 2623	GBR		1	-		-		-	-	-	-	-				-		
AA-1128791		Lloyd's Syndicate Number 2791	GBR		5	-		-		-	-	-	-	-				-		
AA-1120236		Lloyd's Syndicate Number 2843	GBR		5	-		-		-	-	-	-	-				-		
AA-1128987		Lloyd's Syndicate Number 2987	GBR		150	-		13		272	-	-	-	285				285		
AA-1120179		Lloyd's Syndicate Number 2988	GBR		38	-		-		68	-	-	-	68				68		
AA-1126033		Lloyd's Syndicate Number 33	GBR		7	-		3		-	-	-	-	3				3		
AA-1126435		Lloyd's Syndicate Number 435	GBR		16	-		5		-	-	-	-	5				5		
AA-1126510		Lloyd's Syndicate Number 510	GBR		-	-		1		-	-	-	-	1				1		
AA-1126609		Lloyd's Syndicate Number 609	GBR		143	-		-		260	-	-	-	260				260		

**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	7 Reinsurance Recoverable On									16 Amount in Dispute Included in Column 15	17 Reinsurance Payable		19 Net Amount Recoverable From Reinsurers Cols. 15-17+18	20 Funds Held by Company Under Reinsurance Treaties
						7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Cols. 7 through 14 Totals		17 Ceded Balances Payable	18 Other Amounts Due to Reinsurers		
AA-1126623		Lloyd's Syndicate Number 623	GBR		1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1299999 - Total Authorized, Other Non-U.S. Insurers					644	-	42	-	950	-	-	-	-	992	-	-	-	992	-
1499999 - Total Authorized Excluding Protected Cells					114,084	145	99,934	-	66,492	-	-	45,509	-	212,081	-	-	-	212,081	(241)
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																			
AA-1780116		Chaucer Ins Co Designated Activity Co	IRL		107	-	-	-	90	-	-	-	-	90	-	-	-	90	-
AA-9240012		China Prop & Cas Reins Co Ltd	CHN		2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AA-1340028		Devk Ruckversicherungs	DEU		106	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AA-1490002		Helvetia Swiss In Co	LIE		494	-	38	-	376	-	-	-	-	415	-	-	-	415	-
AA-5420050		KOREAN REINS CO	KOR		4	-	2	-	-	-	-	-	-	2	-	-	-	2	-
AA-1440060		LANSFORSKRINGS BOLAG ENS AB	SWE		2	-	-	-	-	-	-	-	-	-	-	-	-	-	-
AA-5324100		Taiping Reins Co Ltd	HKG		-	-	1	-	-	-	-	-	-	1	-	-	-	1	-
2699999 - Total Unauthorized, Other Non-U.S. Insurers					715	-	41	-	466	-	-	-	-	507	-	-	-	507	-
2899999 - Total Unauthorized Excluding Protected Cells					715	-	41	-	466	-	-	-	-	507	-	-	-	507	-
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																			
RJ-3194126		Arch Reins Ltd	BMU		25	-	5	-	-	-	-	-	-	5	-	-	-	5	-
RJ-3190770		Chubb Tempest Reins Ltd	BMU		-	-	25	-	-	-	-	-	-	25	-	-	-	25	-
RJ-1120191		Convex Ins UK Ltd	GBR		78	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3191400		Convex Re Ltd	BMU		5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3194130		Endurance Specialty Ins Ltd	BMU		-	1	848	-	-	-	-	-	-	849	-	-	-	849	-
RJ-3191289		Fidelis Ins Bermuda Ltd	BMU		-	-	3	-	-	-	-	-	-	3	-	-	-	3	-
RJ-3191190		Hamilton Re Ltd	BMU		317	-	5	-	269	-	-	-	-	274	-	-	-	274	-
RJ-3190060		Hannover Re (Bermuda) Ltd	BMU		1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1340125		Hannover Rueck SE	DEU		1,475	-	156	-	896	-	-	-	-	1,052	-	-	-	1,052	-
RJ-3190875		Hiscox Ins Co (Bermuda) Ltd	BMU		-	-	21	-	-	-	-	-	-	21	-	-	-	21	-
RJ-3191239		Lumen Re Ltd	BMU		5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1840000		Mapfre Re Compania de Reaseguros SA	ESP		7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-1460019		MS Amlin AG	CHE		284	-	11	-	287	-	-	-	-	298	-	-	-	298	-
RJ-3190686		Partner Reins Co Ltd	BMU		3	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RJ-3190339		RENAISSANCE REINS LTD	BMU		-	-	3	-	-	-	-	-	-	3	-	-	-	3	-
5499999 - Total Reciprocal Jurisdiction, Other Non-U.S. Insurers					2,199	1	1,076	-	1,452	-	-	-	-	2,529	-	-	-	2,529	-
5699999 - Total Reciprocal Jurisdiction Excluding Protected Cells					2,199	1	1,076	-	1,452	-	-	-	-	2,529	-	-	-	2,529	-
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells					116,999	146	101,051	-	68,410	-	-	45,509	-	215,117	-	-	-	215,117	(241)
9999999 - Totals					116,999	146	101,051	-	68,410	-	-	45,509	-	215,117	-	-	-	215,117	(241)

Annual Statement for the Year 2025 of the Integrity Insurance Company

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

1	2	Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				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					(241)	160,364	-	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>																	
75-2344200	ASPEN AMER INS CO						424	-	424	509		509		509	4		17
51-0434766	AXIS REINS CO						1	-	1	1		1		1	3		-
47-0574325	BERKLEY INS CO						264	-	264	316		316		316	2		7
22-2005057	EVEREST REINS CO						1	-	1	1		1		1	2		-
13-2673100	GENERAL REINS CORP						31,544	-	31,544	37,852		37,852		37,852	1		606
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO						451	-	451	541		541		541	1		9
04-1543470	LIBERTY MUT INS CO					-	-	-	-	-		-		-	3		-
13-4924125	MUNICH REINS AMER INC					-	2,988	-	2,988	3,585		3,585		3,585	2		75
47-0355979	NATIONAL IND CO					-	-	-	-	-		-		-	1		-
13-3138390	NAVIGATORS INS CO						2	-	2	2		2		2	3		-
47-0698507	ODYSSEY REINS CO						109	-	109	131		131		131	2		3
13-3031176	PARTNER REINS CO OF THE US						212	-	212	254		254		254	2		5
13-2997499	SIRIUSPOINT AMER INS CO						1	-	1	2		2		2	4		-
13-1675535	SWISS REINS AMER CORP						4,481	-	4,481	5,377		5,377		5,377	2		113
13-5616275	TRANSATLANTIC REINS CO						79	-	79	95		95		95	2		2
42-0644327	UNITED FIRE & CAS CO						431	-	431	517		517		517	4		17
13-1290712	XL REINS AMER INC					-	-	-	-	-		-		-	2		-
74-2195939	HOUSTON CAS CO					-	-	-	-	-		-		-	1		-
52-1952955	RENAISSANCE REINS US INC						2,313	-	2,313	2,776		2,776		2,776	2		58
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																	
<b>Total Authorized, Pools, Mandatory Pools</b>																	
AA-9991423	MINNESOTA WORKERS COMP						7,667	-	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1099999 - Total Authorized, Pools, Mandatory Pools																	
<b>Total Authorized, Other Non-U.S. Insurers</b>																	
AA-1127036	Lloyd's Syndicate Number 1036						269	-	269	323		323		323	3		9
AA-1127084	Lloyd's Syndicate Number 1084						1	-	1	1		1		1	3		-
AA-1127414	Lloyd's Syndicate Number 1414						5	-	5	6		6		6	3		-
AA-1120198	Lloyd's Syndicate Number 1618						13	-	13	16		16		16	3		-
AA-1120156	Lloyd's Syndicate Number 1686						1	-	1	1		1		1	3		-
AA-1120157	Lloyd's Syndicate Number 1729					-	-	-	-	-		-		-	3		-
AA-1120171	Lloyd's Syndicate Number 1856					-	-	-	-	-		-		-	3		-
AA-1128001	Lloyd's Syndicate Number 2001						81	-	81	97		97		97	3		3
AA-1128121	Lloyd's Syndicate Number 2121					-	-	-	-	-		-		-	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-1128623	Lloyd's Syndicate Number 2623					-	-	-	-	-					3		-

Annual Statement for the Year 2025 of the Integrity Insurance Company

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

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

1 ID Number From Col. 1	2 Name of Reinsurer From Col. 3	Collateral				25 Total Funds Held, Payables & Collateral	26 Net Recoverable Net of Funds Held & Collateral	27 Applicable Sch. F Penalty (Col. 78)	Ceded Reinsurance Credit Risk								
		21 Multiple Beneficiary Trusts	22 Letters of Credit	23 Issuing or Confirming Bank Reference Number	24 Single Beneficiary Trusts & Other Allowable Collateral				28 Total Amount Recoverable From Reinsurers Less Penalty (Cols. 15 - 27)	29 Stressed Recoverable (Col. 28*120%)	30 Reinsurance Payable & Funds Held (Cols. 17+18+20; but not in excess of Col. 29)	31 Stressed Net Recoverable (Cols. 29 - 30)	32 Total Collateral (Cols. 21 + 22 + 24, not in Excess of Col. 31)	33 Stressed Net Recoverable Net of Collateral Offsets (Cols. 31 - 32)	34 Reinsurer Designation Equivalent	35 Credit Risk on Collateralized Recoverables (Col. 32 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)	36 Credit Risk on Un-collateralized Recoverables (Col. 33 * Factor Applicable to Reinsurer Designation Equivalent in Col. 34)
AA-1128791	Lloyd's Syndicate Number 2791					-	-	-	-	-	-	-	-	-	3		-
AA-1120236	Lloyd's Syndicate Number 2843					-	-	-	-	-	-	-	-	-	3		-
AA-1128987	Lloyd's Syndicate Number 2987						285	-	285	342		342		342	3		10
AA-1120179	Lloyd's Syndicate Number 2988						68	-	68	82		82		82	3		2
AA-1126033	Lloyd's Syndicate Number 33						3	-	3	3		3		3	3		-
AA-1126435	Lloyd's Syndicate Number 435						5	-	5	6		6		6	3		-
AA-1126510	Lloyd's Syndicate Number 510						1	-	1	2		2		2	3		-
AA-1126609	Lloyd's Syndicate Number 609						260	-	260	312		312		312	3		9
AA-1126623	Lloyd's Syndicate Number 623						-	-	-	-		-		-	3		-
1299999	- Total Authorized, Other Non-U.S. Insurers			XXX		-	992	-	992	1,191		1,191		1,191	XXX		33
1499999	- Total Authorized Excluding Protected Cells			XXX		(241)	212,321	-	44,291	53,149		53,149		53,149	XXX		945
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																	
AA-1780116	Chaucer Ins Co Designated Activity Co						90		90	-		-		-	3		-
AA-9240012	China Prop & Cas Reins Co Ltd						-		-	-		-		-	3		-
AA-1340028	Devk Ruckversicherungs						-		-	-		-		-	2		-
AA-1490002	Helvetia Swiss In Co		82	0001		82	333	333	82	98		98	82	16	2	2	-
AA-5420050	KOREAN REINS CO		2	0002		2	-	-	2	2		2	2	-	3		-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB						-	-	-	-		-	-	-	3		-
AA-5324100	Taiping Reins Co Ltd		1	0003		1	-	-	1	1		1	1	-	3		-
2699999	- Total Unauthorized, Other Non-U.S. Insurers		85	XXX		85	422	422	85	102		102	85	17	XXX		2
2899999	- Total Unauthorized Excluding Protected Cells		85	XXX		85	422	422	85	102		102	85	17	XXX		2
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																	
RJ-3194126	Arch Reins Ltd						5	-	5	6		6		6	2		-
RJ-3190770	Chubb Tempest Reins Ltd						25	-	25	30		30		30	2		1
RJ-1120191	Convex Ins UK Ltd						-	-	-	-		-		-	3		-
RJ-3191400	Convex Re Ltd						-	-	-	-		-		-	3		-
RJ-3194130	Endurance Specialty Ins Ltd						849	-	849	1,019		1,019		1,019	2		21
RJ-3191289	Fidelis Ins Bermuda Ltd						3	-	3	4		4		4	3		-
RJ-3191190	Hamilton Re Ltd						274	-	274	329		329		329	4		11
RJ-3190060	Hannover Re (Bermuda) Ltd						-	-	-	-		-		-	3		-
RJ-1340125	Hannover Rueck SE						1,052	-	1,052	1,262		1,262		1,262	3		35
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd						21	-	21	25		25		25	2		1
RJ-3191239	Lumen Re Ltd						-	-	-	-		-		-	3		-
RJ-1840000	Mapfre Re Compania de Reaseguros SA						-	-	-	1		1		1	3		-
RJ-1460019	MS Amlin AG						298	-	298	357		357		357	2		7
RJ-3190686	Partner Reins Co Ltd						-	-	-	-		-		-	2		-
RJ-3190339	RENAISSANCE REINS LTD						3	-	3	3		3		3	2		-
5499999	- Total Reciprocal Jurisdiction, Other Non-U.S. Insurers			XXX		-	2,529	-	2,529	3,035		3,035		3,035	XXX		77
5699999	- Total Reciprocal Jurisdiction Excluding Protected Cells			XXX		-	2,529	-	2,529	3,035		3,035		3,035	XXX		77

**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)
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells		85	XXX			(156)	215,273	422	46,905	56,286		56,286	85	56,201	XXX	2	1,022
9999999 - Totals		85	XXX			(156)	215,273	422	46,905	56,286		56,286	85	56,201	XXX	2	1,022

Annual Statement for the Year 2025 of the Integrity 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																		XXX	-
0499999 - Total Authorized, Affiliates, U.S. Non-Pool, Total																		XXX	-
<b>Total Authorized, Other U.S. Unaffiliated Insurers</b>																			
75-2344200	ASPEN AMER INS CO	1						1		1								YES	-
51-0434766	AXIS REINS CO	-						-		-								YES	-
47-0574325	BERKLEY INS CO	6						6		6								YES	-
22-2005057	EVEREST REINS CO	-						-		-								YES	-
13-2673100	GENERAL REINS CORP	5						5		5								YES	-
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	33						33		33								YES	-
04-1543470	LIBERTY MUT INS CO	-						-		-								YES	-
13-4924125	MUNICH REINS AMER INC	4						4		4								YES	-
47-0355979	NATIONAL IND CO	-						-		-								YES	-
13-3138390	NAVIGATORS INS CO	-						-		-								YES	-
47-0698507	ODYSSEY REINS CO	-						-		-								YES	-
13-3031176	PARTNER REINS CO OF THE US	-						-		-								YES	-
13-2997499	SIRIUSPOINT AMER INS CO	-						-		-								YES	-
13-1675535	SWISS REINS AMER CORP	49						49		49								YES	-
13-5616275	TRANSATLANTIC REINS CO	-						-		-								YES	-
42-0644327	UNITED FIRE & CAS CO	-						-		-								YES	-
13-1290712	XL REINS AMER INC	-						-		-								YES	-
74-2195939	HOUSTON CAS CO	-						-		-								YES	-
52-1952955	RENAISSANCE REINS US INC	2						2		2								YES	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers		99						99		99								XXX	-
<b>Total Authorized, Pools, Mandatory Pools</b>																			
AA-9991423	MINNESOTA WORKERS COMP	46						46		46								YES	-
1099999 - Total Authorized, Pools, Mandatory Pools		46						46		46								XXX	-
<b>Total Authorized, Other Non-U.S. Insurers</b>																			
AA-1127036	Lloyd's Syndicate Number 1036																	YES	-
AA-1127084	Lloyd's Syndicate Number 1084																	YES	-
AA-1127414	Lloyd's Syndicate Number 1414																	YES	-
AA-1120198	Lloyd's Syndicate Number 1618																	YES	-
AA-1120156	Lloyd's Syndicate Number 1686																	YES	-
AA-1120157	Lloyd's Syndicate Number 1729																	YES	-
AA-1120171	Lloyd's Syndicate Number 1856																	YES	-
AA-1128001	Lloyd's Syndicate Number 2001																	YES	-
AA-1128121	Lloyd's Syndicate Number 2121																	YES	-
AA-1128623	Lloyd's Syndicate Number 2623																	YES	-
AA-1128791	Lloyd's Syndicate Number 2791																	YES	-
AA-1120236	Lloyd's Syndicate Number 2843																	YES	-

**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)										
AA-1128987	Lloyd's Syndicate Number 2987																YES	
AA-1120179	Lloyd's Syndicate Number 2988																YES	
AA-1126033	Lloyd's Syndicate Number 33																YES	
AA-1126435	Lloyd's Syndicate Number 435																YES	
AA-1126510	Lloyd's Syndicate Number 510																YES	
AA-1126609	Lloyd's Syndicate Number 609																YES	
AA-1126623	Lloyd's Syndicate Number 623																YES	
1299999	- Total Authorized, Other Non-U.S. Insurers																XXX	
1499999	- Total Authorized Excluding Protected Cells	145							145		145						XXX	
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																		
AA-1780116	Chaucer Ins Co Designated Activity Co																YES	
AA-9240012	China Prop & Cas Reins Co Ltd																YES	
AA-1340028	Devk Ruckversicherungs																YES	
AA-1490002	Helvetia Swiss In Co																YES	
AA-5420050	KOREAN REINS CO																YES	
AA-1440060	LANSFORSKRINGS BOLAG ENS AB																YES	
AA-5324100	Taiping Reins Co Ltd																YES	
2699999	- Total Unauthorized, Other Non-U.S. Insurers																XXX	
2899999	- Total Unauthorized Excluding Protected Cells																XXX	
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																		
RJ-3194126	Arch Reins Ltd																YES	
RJ-3190770	Chubb Tempest Reins Ltd																YES	
RJ-1120191	Convex Ins UK Ltd																YES	
RJ-3191400	Convex Re Ltd																YES	
RJ-3194130	Endurance Specialty Ins Ltd	1							1		1						YES	
RJ-3191289	Fidelis Ins Bermuda Ltd																YES	
RJ-3191190	Hamilton Re Ltd																YES	
RJ-3190060	Hannover Re (Bermuda) Ltd																YES	
RJ-1340125	Hannover Rueck SE																YES	
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd																YES	
RJ-3191239	Lumen Re Ltd																YES	
RJ-1840000	Mapfre Re Compania de Reaseguros SA																YES	
RJ-1460019	MS Amlin AG																YES	
RJ-3190686	Partner Reins Co Ltd																YES	
RJ-3190339	RENAISSANCE REINS LTD																YES	
5499999	- Total Reciprocal Jurisdiction, Other Non-U.S. Insurers	1							1		1						XXX	
5699999	- Total Reciprocal Jurisdiction Excluding Protected Cells	1							1		1						XXX	
5799999	- Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells	146							146		146						XXX	
9999999	- Totals	146							146		146						XXX	

Annual Statement for the Year 2025 of the Integrity 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>																		
75-2344200	ASPEN AMER INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
51-0434766	AXIS REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0574325	BERKLEY INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
22-2005057	EVEREST REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2673100	GENERAL REINS CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
06-0384680	HARTFORD STEAM BOIL INSPEC & INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
04-1543470	LIBERTY MUT INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-4924125	MUNICH REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0355979	NATIONAL IND CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3138390	NAVIGATORS INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
47-0698507	ODYSSEY REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-3031176	PARTNER REINS CO OF THE US	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-2997499	SIRIUSPOINT AMER INS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1675535	SWISS REINS AMER CORP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-5616275	TRANSATLANTIC REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
42-0644327	UNITED FIRE & CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13-1290712	XL REINS AMER INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
74-2195939	HOUSTON CAS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
52-1952955	RENAISSANCE REINS US INC	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers																		
<b>Total Authorized, Pools, Mandatory Pools</b>																		
AA-9991423	MINNESOTA WORKERS COMP	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1099999 - Total Authorized, Pools, Mandatory Pools																		
<b>Total Authorized, Other Non-U.S. Insurers</b>																		
AA-1127036	Lloyd's Syndicate Number 1036	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127084	Lloyd's Syndicate Number 1084	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1127414	Lloyd's Syndicate Number 1414	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120198	Lloyd's Syndicate Number 1618	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120156	Lloyd's Syndicate Number 1686	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120157	Lloyd's Syndicate Number 1729	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1120171	Lloyd's Syndicate Number 1856	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128001	Lloyd's Syndicate Number 2001	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128121	Lloyd's Syndicate Number 2121	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128623	Lloyd's Syndicate Number 2623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
AA-1128791	Lloyd's Syndicate Number 2791	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

Annual Statement for the Year 2025 of the Integrity 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														69 Provision for Overdue Reinsurance Ceded to Certified Reinsurers (Greater of [Col. 62 + Col. 65] or Col. 68; not to Exceed Col. 63)		
		54	55	56	57	58	59	60	61	62	63	64	65	Complete if Col. 52 = "No"; Otherwise Enter 0				
		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%)	66 Total Collateral Provided (Col. 20 + Col. 22 + Col.24; not to Exceed Col. 63)	67 Net Unsecured Recoverable for Which Credit is Allowed (Col. 63-Col. 66)		68 20% of Amount in Col. 67	
AA-1120236	Lloyd's Syndicate Number 2843	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1128987	Lloyd's Syndicate Number 2987	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1120179	Lloyd's Syndicate Number 2988	XXX	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	XXX
AA-1126435	Lloyd's Syndicate Number 435	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126510	Lloyd's Syndicate Number 510	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126609	Lloyd's Syndicate Number 609	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1126623	Lloyd's Syndicate Number 623	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1299999 - Total Authorized, Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
1499999 - Total Authorized Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Total Unauthorized, Other Non-U.S. Insurers</b>																		
AA-1780116	Chaucer Ins Co Designated Activity Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-9240012	China Prop & Cas Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1340028	Devk Ruckversicherungs	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1490002	Helvetia Swiss In Co	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5420050	KOREAN REINS CO	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-1440060	LANSFORSKRINGS BOLAG ENS AB	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
AA-5324100	Taiping Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2699999 - Total Unauthorized, Other Non-U.S. Insurers		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
2899999 - Total Unauthorized Excluding Protected Cells		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>																		
RJ-3194126	Arch Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190770	Chubb Tempest Reins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1120191	Convex Ins UK Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191400	Convex Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3194130	Endurance Specialty Ins Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191289	Fidelis Ins Bermuda Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191190	Hamilton Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190060	Hannover Re (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1340125	Hannover Rueck SE	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3191239	Lumen Re Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1840000	Mapfre Re Compania de Reaseguros SA	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-1460019	MS Amlin AG	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190686	Partner Reins Co Ltd	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
RJ-3190339	RENAISSANCE REINS 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

25.1

**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		
5799999 - Total Authorized, Unauthorized, Reciprocal Jurisdiction and Certified Excluding Protected Cells	XXX	XXX	XXX			XXX	XXX											
9999999 - Totals	XXX	XXX	XXX			XXX	XXX											

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

1	2	70	Provision for Unauthorized Reinsurance		Provision for Overdue Authorized and Reciprocal Jurisdiction Reinsurance		Total Provision for Reinsurance				
			71	72	73	74	75	76	77	78	
ID Number From Col. 1	Name of Reinsurer From Col. 3	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Col. 47 * 20%)	Provision for Reinsurance with Unauthorized Reinsurers Due to Collateral Deficiency (Col. 26)	Provision for Overdue Reinsurance from Unauthorized Reinsurers and Amounts in Dispute (Col. 70 + 20% of the Amount in Col. 16)	20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute + 20% of Amounts in Dispute ([Col. 47 * 20%] + [Col. 45 * 20%])	Complete if Col. 52 = "Yes"; Otherwise Enter 0  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>											
75-2344200	ASPEN AMER INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
51-0434766	AXIS REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
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	-
13-4924125	MUNICH REINS AMER INC	-	XXX	XXX	-	-	-	-	XXX	XXX	-
47-0355979	NATIONAL IND CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-3138390	NAVIGATORS INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
47-0698507	ODYSSEY REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-3031176	PARTNER REINS CO OF THE US	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-2997499	SIRIUSPOINT AMER INS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-1675535	SWISS REINS AMER CORP	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-5616275	TRANSATLANTIC REINS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
42-0644327	UNITED FIRE & CAS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
13-1290712	XL REINS AMER INC	-	XXX	XXX	-	-	-	-	XXX	XXX	-
74-2195939	HOUSTON CAS CO	-	XXX	XXX	-	-	-	-	XXX	XXX	-
52-1952955	RENAISSANCE REINS US INC	-	XXX	XXX	-	-	-	-	XXX	XXX	-
0999999 - Total Authorized, Other U.S. Unaffiliated Insurers		-	XXX	XXX	-	-	-	-	XXX	XXX	-
<b>Total Authorized, Pools, Mandatory Pools</b>											
AA-9991423	MINNESOTA WORKERS COMP	-	XXX	XXX	-	-	-	-	XXX	XXX	-
1099999 - Total Authorized, Pools, Mandatory Pools		-	XXX	XXX	-	-	-	-	XXX	XXX	-
<b>Total Authorized, Other Non-U.S. Insurers</b>											
AA-1127036	Lloyd's Syndicate Number 1036	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1127084	Lloyd's Syndicate Number 1084	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1127414	Lloyd's Syndicate Number 1414	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120198	Lloyd's Syndicate Number 1618	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120156	Lloyd's Syndicate Number 1686	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120157	Lloyd's Syndicate Number 1729	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120171	Lloyd's Syndicate Number 1856	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128001	Lloyd's Syndicate Number 2001	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128121	Lloyd's Syndicate Number 2121	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128623	Lloyd's Syndicate Number 2623	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1128791	Lloyd's Syndicate Number 2791	-	XXX	XXX	-	-	-	-	XXX	XXX	-
AA-1120236	Lloyd's Syndicate Number 2843	-	XXX	XXX	-	-	-	-	XXX	XXX	-

**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)
AA-1128987	Lloyd's Syndicate Number 2987	-	XXX	XXX	-	-	-	-	XXX	XXX	-

Annual Statement for the Year 2025 of the Integrity Insurance Company

**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 = "No"; Otherwise Enter 0 Greater of 20% of Net Recoverable Net of Funds Held & Collateral, or 20% of Recoverable on Paid Losses & LAE Over 90 Days Past Due (Greater of Col 26 * 20% or [Cols. 40 + 41] * 20%)	Provision for Amounts Ceded to Authorized and Reciprocal Jurisdiction Reinsurers (Cols. 73 + 74)	Provision for Amounts Ceded to Unauthorized Reinsurers (Cols. 71 + 72 Not in Excess of Col. 15)	Provision for Amounts Ceded to Certified Reinsurers (Cols. 64 + 69)	Total Provision for Reinsurance (Cols. 75 + 76 + 77)
AA-1120179	Lloyd's Syndicate Number 2988	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126033	Lloyd's Syndicate Number 33	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126435	Lloyd's Syndicate Number 435	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126510	Lloyd's Syndicate Number 510	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126609	Lloyd's Syndicate Number 609	-	XXX	XXX	-	-	-	XXX	XXX	-
AA-1126623	Lloyd's Syndicate Number 623	-	XXX	XXX	-	-	-	XXX	XXX	-
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	-	90	-	XXX	XXX	XXX	90	XXX	90
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	-	333	-	XXX	XXX	XXX	333	XXX	333
AA-5420050	KOREAN REINS CO	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-1440060	LANSFORSKRINGS BOLAG ENS AB	-	-	-	XXX	XXX	XXX	-	XXX	-
AA-5324100	Taipng Reins Co Ltd	-	-	-	XXX	XXX	XXX	-	XXX	-
2699999	- Total Unauthorized, Other Non-U.S. Insurers	-	422	-	XXX	XXX	XXX	422	XXX	422
2899999	- Total Unauthorized Excluding Protected Cells	-	422	-	XXX	XXX	XXX	422	XXX	422
<b>Total Reciprocal Jurisdiction, Other Non-U.S. Insurers</b>										
RJ-3194126	Arch Reins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3190770	Chubb Tempest Reins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-1120191	Convex Ins UK Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3191400	Convex Re Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3194130	Endurance Specialty Ins Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3191289	Fidelis Ins Bermuda Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3191190	Hamilton Re Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3190060	Hannover Re (Bermuda) Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-1340125	Hannover Rueck SE	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3190875	Hiscox Ins Co (Bermuda) Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3191239	Lumen Re Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-1840000	Mapfre Re Compania de Reaseguros SA	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-1460019	MS Amlin AG	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3190686	Partner Reins Co Ltd	-	XXX	XXX	-	-	-	XXX	XXX	-
RJ-3190339	RENAISSANCE REINS 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	-	422	-	-	-	-	422	-	422
9999999	- Totals	-	422	-	-	-	-	422	-	422

**SCHEDULE F - PART 4**

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

1 Issuing or Confirming Bank Reference Number Used in Col. 23 of Sch F Part 3	2 Letters of Credit Code	3 American Bankers Association (ABA) Routing Number	4 Issuing or Confirming Bank Name	5 Letters of Credit Amount
.....0001.....	.....1.....	.....026010786.....	Nordea Bank.....	.....82
.....0002.....	.....1.....	.....026004226.....	Societe Generale.....	.....2
.....0003.....	.....1.....	.....021000089.....	Citibank Europe.....	.....1
9999999 – Totals.....				.....85

**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.....		105,384
2. ....	GENERAL REINS CORP.....		2,160
3. ....	Hannover Rueck SE.....		1,475
4. ....	SWISS REINS AMER CORP.....		1,406
5. ....	HARTFORD STEAM BOIL INSPEC & INS CO.....		870

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.....	160,123	105,384	YES
7. ....	GENERAL REINS CORP.....	31,544	2,160	NO
8. ....	MINNESOTA WORKERS COMP.....	7,667	548	NO
9. ....	SWISS REINS AMER CORP.....	4,481	1,406	NO
10. ....	MUNICH REINS AMER INC.....	2,988	1	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)	43,984,804		43,984,804
2. Premiums and considerations (Line 15)	—		—
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1)	146,472	(146,472)	—
4. Funds held by or deposited with reinsured companies (Line 16.2)	—		—
5. Other assets	2,362,303		2,362,303
6. Net amount recoverable from reinsurers	—	240,920	240,920
7. Protected cell assets (Line 27)	—	181,569,880	181,569,880
8. Totals (Line 28)	46,493,579	181,664,328	228,157,907
<b>LIABILITIES (Page 3)</b>			
9. Losses and loss adjustment expenses (Lines 1 through 3)	—	135,914,164	135,914,164
10. Taxes, expenses, and other obligations (Lines 4 through 8)	—		—
11. Unearned premiums (Line 9)	—	45,509,244	45,509,244
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)	(240,920)	240,920	—
16. Amounts withheld or retained by company for account of others (Line 14)	762,201		762,201
17. Provision for reinsurance (Line 16)	422,289		422,289
18. Other liabilities	418,150		418,150
19. Total liabilities excluding protected cell business (Line 26)	1,361,720	181,664,328	183,026,048
20. Protected cell liabilities (Line 27)	—		—
21. Surplus as regards policyholders (Line 37)	45,131,859	XXX	45,131,859
22. Totals (Line 38)	46,493,579	181,664,328	228,157,907

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

**SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												847
3. 2017												1,130
4. 2018												1,052
5. 2019												1,353
6. 2020												1,830
7. 2021												1,386
8. 2022												1,854
9. 2023												2,188
10. 2024												1,355
11. 2025												
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												2,335
3. 2017												2,125
4. 2018												2,380
5. 2019												2,224
6. 2020												1,972
7. 2021												1,702
8. 2022												1,697
9. 2023												1,529
10. 2024												986
11. 2025												
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												269
3. 2017												238
4. 2018												281
5. 2019												318
6. 2020												289
7. 2021												288
8. 2022												280
9. 2023												253
10. 2024												162
11. 2025												
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			
	XXX	XXX	XXX	XXX	XXX	XXX					
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P - PART 1D - WORKERS' COMPENSATION**  
 (EXCLUDING EXCESS WORKERS' COMPENSATION)  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												90
3. 2017												109
4. 2018												164
5. 2019												144
6. 2020												120
7. 2021												125
8. 2022												95
9. 2023												83
10. 2024												39
11. 2025												
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												256
3. 2017												269
4. 2018												352
5. 2019												403
6. 2020												536
7. 2021												310
8. 2022												329
9. 2023												278
10. 2024												152
11. 2025												
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Annual Statement for the Year 2025 of the Integrity Insurance Company

(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**

**SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												5
3. 2017												3
4. 2018												3
5. 2019												6
6. 2020												3
7. 2021												2
8. 2022												3
9. 2023												2
10. 2024												-
11. 2025												
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26	27	28	29	30	31	32	33		35 Losses Unpaid	36 Loss Expenses Unpaid
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense			
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**  
 (\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												-
3. 2017												-
4. 2018												1
5. 2019												1
6. 2020												-
7. 2021												-
8. 2022												-
9. 2023												-
10. 2024												-
11. 2025												-
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

**SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4	5	6	7	8	9			
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												XXX
3. 2017												XXX
4. 2018												XXX
5. 2019												XXX
6. 2020												XXX
7. 2021												XXX
8. 2022												XXX
9. 2023												XXX
10. 2024												XXX
11. 2025												XXX
12. Totals	XXX	XXX	XXX									XXX

**NONE**

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13	14	15	16	17	18	19	20					
	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount				
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid			
												29	30	31
												Direct and Assumed	Ceded	Net
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX					
2. 2016				-	-	-								
3. 2017				-	-	-								
4. 2018				-	-	-								
5. 2019				-	-	-								
6. 2020				-	-	-								
7. 2021				-	-	-								
8. 2022				-	-	-								
9. 2023				-	-	-								
10. 2024				-	-	-								
11. 2025				-	-	-								
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX					

**SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE**  
(\$000 OMITTED)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1-2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4-5+6-7+8-9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior	XXX	XXX	XXX									XXX
2. 2016												12
3. 2017												29
4. 2018												58
5. 2019												5,688
6. 2020												5,575
7. 2021												5,277
8. 2022												5,848
9. 2023												5,528
10. 2024												4,126
11. 2025												
12. Totals	XXX	XXX	XXX									XXX

Years in Which Premiums Were Earned and Losses Were Incurred	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23 Salvage and Subrogation Anticipated	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21 Direct and Assumed	22 Ceded			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded					
1. Prior													
2. 2016													
3. 2017													
4. 2018													
5. 2019													
6. 2020													
7. 2021													
8. 2022													
9. 2023													
10. 2024													
11. 2025													
12. Totals													

Years in Which Premiums Were Earned and Losses Were Incurred	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34 Inter-Company Pooling Participation Percentage	Net Balance Sheet Reserves After Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense		35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2. 2016				-	-	-					
3. 2017				-	-	-					
4. 2018				-	-	-					
5. 2019				-	-	-					
6. 2020				-	-	-					
7. 2021				-	-	-					
8. 2022				-	-	-					
9. 2023				-	-	-					
10. 2024				-	-	-					
11. 2025				-	-	-					
12. Totals	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

(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**

Annual Statement for the Year 2025 of the Integrity Insurance Company

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Annual Statement for the Year 2025 of the Integrity Insurance Company

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016											562	285
3. 2017	XXX										765	365
4. 2018	XXX	XXX									706	346
5. 2019	XXX	XXX	XXX								1,114	239
6. 2020	XXX	XXX	XXX	XXX							1,322	508
7. 2021	XXX	XXX	XXX	XXX	XXX						932	454
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					1,341	513
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1,610	578
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			915	440
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016											1,580	755
3. 2017	XXX										1,395	730
4. 2018	XXX	XXX									1,511	869
5. 2019	XXX	XXX	XXX								1,743	481
6. 2020	XXX	XXX	XXX	XXX							1,325	647
7. 2021	XXX	XXX	XXX	XXX	XXX						1,182	520
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					1,128	569
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1,060	469
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			700	286
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016											164	105
3. 2017	XXX										140	98
4. 2018	XXX	XXX									177	104
5. 2019	XXX	XXX	XXX								244	74
6. 2020	XXX	XXX	XXX	XXX							178	111
7. 2021	XXX	XXX	XXX	XXX	XXX						175	113
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					170	110
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				169	84
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			117	45
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3D - WORKERS' COMPENSATION**

(EXCLUDING EXCESS WORKERS' COMPENSATION)

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016											72	18
3. 2017	XXX										86	23
4. 2018	XXX	XXX									110	54
5. 2019	XXX	XXX	XXX								130	14
6. 2020	XXX	XXX	XXX	XXX							101	19
7. 2021	XXX	XXX	XXX	XXX	XXX						96	29
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					69	26
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				57	26
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			24	15
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016											143	113
3. 2017	XXX										151	118
4. 2018	XXX	XXX									195	157
5. 2019	XXX	XXX	XXX								281	122
6. 2020	XXX	XXX	XXX	XXX							314	222
7. 2021	XXX	XXX	XXX	XXX	XXX						177	133
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					216	113
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				187	91
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			104	48
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

**SCHEDULE P - PART 3F - SECTION 1 - MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**NONE**

**SCHEDULE P - PART 3F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MADE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016												
3. 2017	XXX											
4. 2018	XXX	XXX										
5. 2019	XXX	XXX	XXX									
6. 2020	XXX	XXX	XXX	XXX								
7. 2021	XXX	XXX	XXX	XXX	XXX							
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**NONE**

**SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016												2
3. 2017	XXX											1
4. 2018	XXX	XXX										1
5. 2019	XXX	XXX	XXX									3
6. 2020	XXX	XXX	XXX	XXX								2
7. 2021	XXX	XXX	XXX	XXX	XXX							2
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						1
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					1
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				-
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		-

**SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016												-
3. 2017	XXX											-
4. 2018	XXX	XXX										-
5. 2019	XXX	XXX	XXX									1
6. 2020	XXX	XXX	XXX	XXX								-
7. 2021	XXX	XXX	XXX	XXX	XXX							-
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX						-
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX					-
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				-
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		-

**SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX											
2. 2016											5	7
3. 2017	XXX										13	16
4. 2018	XXX	XXX									26	32
5. 2019	XXX	XXX	XXX								4,789	899
6. 2020	XXX	XXX	XXX	XXX							4,318	1,257
7. 2021	XXX	XXX	XXX	XXX	XXX						4,140	1,137
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					4,599	1,249
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				4,377	1,151
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			3,341	785
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		

**SCHEDULE P - PART 3K - FIDELITY/SURETY**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

**SCHEDULE P - PART 3M - INTERNATIONAL**

Years in Which Losses Were Incurred	CUMULATIVE PAID NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025		
1. Prior	XXX										XXX	XXX
2. 2016											XXX	XXX
3. 2017	XXX										XXX	XXX
4. 2018	XXX	XXX									XXX	XXX
5. 2019	XXX	XXX	XXX								XXX	XXX
6. 2020	XXX	XXX	XXX	XXX							XXX	XXX
7. 2021	XXX	XXX	XXX	XXX	XXX						XXX	XXX
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					XXX	XXX
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX	XXX
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**NONE**

Annual Statement for the Year 2025 of the Integrity Insurance Company

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

Annual Statement for the Year 2025 of the Integrity Insurance Company

(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**

**SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										562
3. 2017	XXX									765
4. 2018	XXX	XXX								706
5. 2019	XXX	XXX	XXX							1,114
6. 2020	XXX	XXX	XXX	XXX						1,322
7. 2021	XXX	XXX	XXX	XXX	XXX					932
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				1,341
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			1,610
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		915
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										847
3. 2017	XXX									1,130
4. 2018	XXX	XXX								1,052
5. 2019	XXX	XXX	XXX							1,353
6. 2020	XXX	XXX	XXX	XXX						1,830
7. 2021	XXX	XXX	XXX	XXX	XXX					1,386
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				1,854
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			2,188
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		1,355
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 5B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											1,580
3. 2017	XXX										1,395
4. 2018	XXX	XXX									1,511
5. 2019	XXX	XXX	XXX								1,743
6. 2020	XXX	XXX	XXX	XXX							1,325
7. 2021	XXX	XXX	XXX	XXX	XXX						1,182
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					1,128
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1,060
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			700
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											2,335
3. 2017	XXX										2,125
4. 2018	XXX	XXX									2,380
5. 2019	XXX	XXX	XXX								2,224
6. 2020	XXX	XXX	XXX	XXX							1,972
7. 2021	XXX	XXX	XXX	XXX	XXX						1,702
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					1,697
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1,529
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			986
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 5C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										164
3. 2017	XXX									140
4. 2018	XXX	XXX								177
5. 2019	XXX	XXX	XXX							244
6. 2020	XXX	XXX	XXX	XXX						178
7. 2021	XXX	XXX	XXX	XXX	XXX					175
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				170
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			169
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		117
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										269
3. 2017	XXX									238
4. 2018	XXX	XXX								281
5. 2019	XXX	XXX	XXX							318
6. 2020	XXX	XXX	XXX	XXX						289
7. 2021	XXX	XXX	XXX	XXX	XXX					288
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				280
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			253
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		162
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 5D - WORKERS' COMPENSATION**  
(EXCLUDING EXCESS WORKERS' COMPENSATION)

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											72
3. 2017	XXX										86
4. 2018	XXX	XXX									110
5. 2019	XXX	XXX	XXX								130
6. 2020	XXX	XXX	XXX	XXX							101
7. 2021	XXX	XXX	XXX	XXX	XXX						96
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					69
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				57
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			24
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											90
3. 2017	XXX										109
4. 2018	XXX	XXX									164
5. 2019	XXX	XXX	XXX								144
6. 2020	XXX	XXX	XXX	XXX							120
7. 2021	XXX	XXX	XXX	XXX	XXX						125
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					95
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				83
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			39
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL**

**SECTION 1**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										143
3. 2017	XXX									151
4. 2018	XXX	XXX								195
5. 2019	XXX	XXX	XXX							281
6. 2020	XXX	XXX	XXX	XXX						314
7. 2021	XXX	XXX	XXX	XXX	XXX					177
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				216
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			187
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		104
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**NONE**

**SECTION 3**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										256
3. 2017	XXX									269
4. 2018	XXX	XXX								352
5. 2019	XXX	XXX	XXX							403
6. 2020	XXX	XXX	XXX	XXX						536
7. 2021	XXX	XXX	XXX	XXX	XXX					310
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				329
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			278
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		152
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

(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**

**SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE**

**SECTION 1A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											2
3. 2017	XXX										1
4. 2018	XXX	XXX									1
5. 2019	XXX	XXX	XXX								3
6. 2020	XXX	XXX	XXX	XXX							2
7. 2021	XXX	XXX	XXX	XXX	XXX						2
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					1
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				1
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			-
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2A**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											
3. 2017	XXX										
4. 2018	XXX	XXX									
5. 2019	XXX	XXX	XXX								
6. 2020	XXX	XXX	XXX	XXX							
7. 2021	XXX	XXX	XXX	XXX	XXX						
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3A**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END										
	1	2	3	4	5	6	7	8	9	10	
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
1. Prior											
2. 2016											5
3. 2017	XXX										3
4. 2018	XXX	XXX									3
5. 2019	XXX	XXX	XXX								6
6. 2020	XXX	XXX	XXX	XXX							3
7. 2021	XXX	XXX	XXX	XXX	XXX						2
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX					3
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX				2
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			-
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P - PART 5H - OTHER LIABILITY - CLAIMS-MADE**

**SECTION 1B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS CLOSED WITH LOSS PAYMENT DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										-
3. 2017	XXX									-
4. 2018	XXX	XXX								-
5. 2019	XXX	XXX	XXX							1
6. 2020	XXX	XXX	XXX	XXX						-
7. 2021	XXX	XXX	XXX	XXX	XXX					-
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				-
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			-
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		-
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 2B**

Years in Which Premiums Were Earned and Losses Were Incurred	NUMBER OF CLAIMS OUTSTANDING DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XXX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3B**

Years in Which Premiums Were Earned and Losses Were Incurred	CUMULATIVE NUMBER OF CLAIMS REPORTED DIRECT AND ASSUMED AT YEAR-END									
	1	2	3	4	5	6	7	8	9	10
	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1. Prior										
2. 2016										-
3. 2017	XXX									-
4. 2018	XXX	XXX								1
5. 2019	XXX	XXX	XXX							1
6. 2020	XXX	XXX	XXX	XXX						-
7. 2021	XXX	XXX	XXX	XXX	XXX					-
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				-
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			-
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		-
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

(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**

Annual Statement for the Year 2025 of the Integrity Insurance Company

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

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

**NONE**

**SCHEDULE P - PART 7A - PRIMARY LOSS SENSITIVE CONTRACTS**

(\$000 OMITTED)

**SECTION 1**

Schedule P – Part 1		1	2	3	4	5	6
		Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1.	Homeowners/farmowners				(9,308)		
2.	Private passenger auto liability/medical				(4,144)		
3.	Commercial auto/truck liability/medical				(2,344)		
4.	Workers' compensation				(619)		
5.	Commercial multiple peril				(3,465)		
6.	Medical professional liability—occurrence				—		
7.	Medical professional liability—claims-made				—		
8.	Special liability				—		
9.	Other liability—occurrence				(688)		
10.	Other liabilities—claims-made				—		
11.	Special property				(648)		
12.	Auto physical damage				(6,138)		
13.	Fidelity/surety				—		
14.	Other				—		
15.	International				—		
16.	Reinsurance-nonproportional assumed property	XXX	XXX	XXX	XXX	XXX	XXX
17.	Reinsurance-nonproportional assumed liability	XXX	XXX	XXX	XXX	XXX	XXX
18.	Reinsurance-nonproportional assumed financial lines	XXX	XXX	XXX	XXX	XXX	XXX
19.	Products liability—occurrence				(3)		
20.	Products liability—claims-made				—		
21.	Financial guaranty/mortgage guaranty				—		
22.	Warranty				—		
23.	Pet insurance plans				—		
24.	Totals				(27,357)		

**SECTION 2**

Years in Which Policies Were Issued		INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
		1	2	3	4	5	6	7	8	9	10
		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1.	Prior										
2.	2016										
3.	2017	XXX									
4.	2018	XXX	XXX								
5.	2019	XXX	XXX	XXX							
6.	2020	XXX	XXX	XXX	XXX						
7.	2021	XXX	XXX	XXX	XXX	XXX					
8.	2022	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued		BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
		1	2	3	4	5	6	7	8	9	10
		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1.	Prior										
2.	2016										
3.	2017	XXX									
4.	2018	XXX	XXX								
5.	2019	XXX	XXX	XXX							
6.	2020	XXX	XXX	XXX	XXX						
7.	2021	XXX	XXX	XXX	XXX	XXX					
8.	2022	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

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

**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX

**SCHEDULE P - PART 7B - REINSURANCE LOSS SENSITIVE CONTRACTS**

(\$000 OMITTED)

**SECTION 1**

Schedule P – Part 1		1	2	3	4	5	6
		Total Net Losses and Expenses Unpaid	Net Losses and Expenses Unpaid on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total	Total Net Premiums Written	Net Premiums Written on Loss Sensitive Contracts	Loss Sensitive as Percentage of Total
1.	Homeowners/farmowners				(9,308)		
2.	Private passenger auto liability/medical				(4,144)		
3.	Commercial auto/truck liability/medical				(2,344)		
4.	Workers' compensation				(619)		
5.	Commercial multiple peril				(3,465)		
6.	Medical professional liability—occurrence				—		
7.	Medical professional liability—claims-made				—		
8.	Special liability				—		
9.	Other liability—occurrence				(688)		
10.	Other liabilities—claims-made				—		
11.	Special property				(648)		
12.	Auto physical damage				(6,138)		
13.	Fidelity/surety				—		
14.	Other				—		
15.	International				—		
16.	Reinsurance-nonproportional assumed property				—		
17.	Reinsurance-nonproportional assumed liability				—		
18.	Reinsurance-nonproportional assumed financial lines				—		
19.	Products liability—occurrence				(3)		
20.	Products liability—claims-made				—		
21.	Financial guaranty/mortgage guaranty				—		
22.	Warranty				—		
23.	Pet insurance plans				—		
24.	Totals				(27,357)		

**SECTION 2**

Years in Which Policies Were Issued		INCURRED LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR-END (\$000 OMITTED)									
		1	2	3	4	5	6	7	8	9	10
		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1.	Prior										
2.	2016										
3.	2017	XXX									
4.	2018	XXX	XXX								
5.	2019	XXX	XXX	XXX							
6.	2020	XXX	XXX	XXX	XXX						
7.	2021	XXX	XXX	XXX	XXX	XXX					
8.	2022	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 3**

Years in Which Policies Were Issued		BULK AND INCURRED BUT NOT REPORTED RESERVES FOR LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES AT YEAR-END (\$000 OMITTED)									
		1	2	3	4	5	6	7	8	9	10
		2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1.	Prior										
2.	2016										
3.	2017	XXX									
4.	2018	XXX	XXX								
5.	2019	XXX	XXX	XXX							
6.	2020	XXX	XXX	XXX	XXX						
7.	2021	XXX	XXX	XXX	XXX	XXX					
8.	2022	XXX	XXX	XXX	XXX	XXX	XXX				
9.	2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10.	2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11.	2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P – PART 7B – REINSURANCE LOSS SENSITIVE CONTRACTS (CONTINUED)**

**SECTION 4**

Years in Which Policies Were Issued	NET EARNED PREMIUMS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 5**

Years in Which Policies Were Issued	NET RESERVE FOR PREMIUM ADJUSTMENTS AND ACCRUED RETROSPECTIVE PREMIUMS AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 6**

Years in Which Policies Were Issued	INCURRED ADJUSTABLE COMMISSIONS REPORTED AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SECTION 7**

Years in Which Policies Were Issued	RESERVES FOR COMMISSION ADJUSTMENTS AT YEAR-END (\$000 OMITTED)									
	1 2016	2 2017	3 2018	4 2019	5 2020	6 2021	7 2022	8 2023	9 2024	10 2025
1. Prior										
2. 2016										
3. 2017	XXX									
4. 2018	XXX	XXX								
5. 2019	XXX	XXX	XXX							
6. 2020	XXX	XXX	XXX	XX						
7. 2021	XXX	XXX	XXX	XXX	XXX					
8. 2022	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2023	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2024	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2025	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

**SCHEDULE P INTERROGATORIES**

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

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

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

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

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

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

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

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

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

**NONE**

Annual Statement for the Year 2025 of the Integrity Insurance Company

**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	RE	GRANGE HOLDINGS, INC.	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	10288	81-3455935				INTEGRITY SELECT INSURANCE COMPANY	OH	DS	INTEGRITY INSURANCE COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	
0267	GRANGE INSURANCE POOL	12986	41-2236417				INTEGRITY PROPERTY & CASUALTY INSURANCE COMPANY	OH	DS	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	UDP	GRANGE MUTUAL HOLDING COMPANY	OWNERSHIP	100.000	GRANGE MUTUAL HOLDING COMPANY	NO	

86

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?.....	YES.....
24. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?.....	NO.....
25. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?.....	NO.....
26. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO.....
27. Will the Supplemental Schedule for Reinsurance Counterparty Reporting Exception – Asbestos and Pollution contracts be filed with the state of domicile and the NAIC by March 1?.....	NO.....
28. Will the Exhibit of Other Liabilities by Lines of Business be filed with the state of domicile and the NAIC by March 1?.....	YES.....
29. Will the Market Conduct Annual Statement (MCAS) Premium Exhibit for Year be filed with appropriate jurisdictions and with the NAIC by March 1?.....	YES.....
<b>April Filing</b>	
30. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?.....	NO.....
31. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?.....	NO.....
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1?.....	NO.....
33. Will the Supplemental Health Care Exhibit (Parts 1 and 2) be filed with the state of domicile and the NAIC by April 1?.....	NO.....
34. Will the Cybersecurity Insurance Coverage Supplement be filed with the state of domicile and the NAIC by April 1?.....	YES.....
35. Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit – Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?.....	NO.....
36. Will the Private Flood Insurance Supplement be filed with the state of domicile and the NAIC by April 1?.....	NO.....
37. Will the Mortgage Guaranty Insurance Exhibit be filed with the state of domicile and the NAIC by April 1?.....	NO.....
<b>August Filing</b>	
38. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?.....	YES.....

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

Explanation	Barcode
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. No business written	 1 4 3 0 3 2 0 2 5 4 2 0 0 0 0 0 0
12. No business written	 1 4 3 0 3 2 0 2 5 2 4 0 0 0 0 0 0
13. No business written	 1 4 3 0 3 2 0 2 5 3 6 0 0 0 0 0 0
14. No business written	 1 4 3 0 3 2 0 2 5 4 5 5 0 0 0 0 0
15. No business written	 1 4 3 0 3 2 0 2 5 4 9 0 0 0 0 0 0
16. No business written	 1 4 3 0 3 2 0 2 5 3 8 5 0 0 0 0 0
17. No business written	 1 4 3 0 3 2 0 2 5 4 0 1 0 0 0 0 0
18. No business written	 1 4 3 0 3 2 0 2 5 3 6 5 0 0 0 0 0
19.	
20.	
21. Reinsurance attestation supplement filed	 1 4 3 0 3 2 0 2 5 4 0 0 0 0 0 0 0
22. No business written	 1 4 3 0 3 2 0 2 5 5 0 0 0 0 0 0 0
23.	
24. No business written	 1 4 3 0 3 2 0 2 5 2 2 4 0 0 0 0 0
25. No business written	 1 4 3 0 3 2 0 2 5 2 2 5 0 0 0 0 0
26. No business written	 1 4 3 0 3 2 0 2 5 2 2 6 0 0 0 0 0
27. No business written	 1 4 3 0 3 2 0 2 5 5 5 5 0 0 0 0 0
28.	
29.	
30. No business written	 1 4 3 0 3 2 0 2 5 2 3 0 0 0 0 0 0
31. No business written	 1 4 3 0 3 2 0 2 5 3 0 6 0 0 0 0 0
32. No business written	 1 4 3 0 3 2 0 2 5 2 1 0 0 0 0 0 0
33. No business written	 1 4 3 0 3 2 0 2 5 2 1 6 0 0 0 0 0
34.	
35. No business written	 1 4 3 0 3 2 0 2 5 2 9 0 0 0 0 0 0
36. No business written	 1 4 3 0 3 2 0 2 5 5 6 0 0 0 0 0 0
37. No business written	 1 4 3 0 3 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.....	-	-	114,331	114,331
2497. Summary of remaining write-ins for Line 24 from overflow page.....	-	-	114,331	114,331

**OVERFLOW PAGE FOR WRITE-INS**



**DIRECTOR AND OFFICER INSURANCE COVERAGE SUPPLEMENT**

For The Year Ended December 31, 2025  
(To Be Filed by March 1)

NAIC Group Code: 0267

NAIC Company Code: 14303

Company Name: Integrity Insurance Company

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

1. Monoline Policies

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

2. Commercial Multiple Peril (CMP) Packaged Policies

- 2.1 Does the reporting entity provide D&O liability coverage as part of a CMP packaged policy?..... YES
- 2.2 Can the direct premium earned for D&O liability coverage provided as part of a CMP packaged policy be quantified or estimated?..... YES
- 2.3 If the answer to question 2.2 is yes, provide the quantified or estimated direct premium earned amount for D&O liability coverage in CMP packaged policies
  - 2.31 Amount quantified:..... \$
  - 2.32 Amount estimated using reasonable assumptions:..... \$ 3,583
- 2.4 If the answer to question 2.1 is yes, please provide the following:

Direct Losses		Direct Defense and Cost Containment		Percentage of In Force Policies	
1	2	3	4	5	6
Paid	Paid + Change in Case Reserves	Paid	Paid + Change in Case Reserves	Claims Made	Occurrence
\$	\$(1,120)	\$	\$(756)	%	%



**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: 14303

	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).....	4,944	1,908		
4. Environmental liability.....				
5. Excess workers' compensation.....				
6. Commercial excess & umbrella.....	10,432,534	10,615,385	3,775,866	1,550,000
7. Personal umbrella.....	91,819	83,777		
8. Employment liability.....	12,822	12,256		
9. Aggregate write-ins for facilities and premises (CGL).....	212,342	229,183	37,500	175,000
10. Internet & cyber liability.....				
11. Aggregate write-ins for other.....				
12. Total ASL 17 - other liability (sum of lines 1 through 11).....	10,754,461	10,942,509	3,813,366	1,725,000
<b>Details of Write-Ins</b>				
0901. Commercial General Liability.....	212,342	229,183	37,500	175,000
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.....	212,342	229,183	37,500	175,000
1101.....				
1102.....				
1103.....				
1198. Summary of remaining write-ins for Line 11 from overflow page.....				
1199. Summary of remaining write-ins for Line 11 from overflow page.....				

**OVERFLOW PAGE FOR WRITE-INS**



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

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

NAIC Group Code: 0267

NAIC Company Code: 14303

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: 14303

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: 14303

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