

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>04/01/2014</u> and ending <u>03/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF GRANGE MUTUAL CASUALTY COMPANY</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1958</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1958</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1958</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GRANGE MUTUAL CASUALTY COMPANY</u> <u>DAVID ACKERMANN</u> <u>671 SOUTH HIGH STREET</u> <u>COLUMBUS, OH 43206-1066</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4192970</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-445-2900</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>524150</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4192970</u>	2c Plan Sponsor's telephone number <u>614-445-2900</u>	2d Business code (see instructions) <u>524150</u>	
2b Employer Identification Number (EIN) <u>31-4192970</u>					
2c Plan Sponsor's telephone number <u>614-445-2900</u>					
2d Business code (see instructions) <u>524150</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/16/2017	TONY REESER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	01/16/2017	MARK FISHER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	1331
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	787
a(2) Total number of active participants at the end of the plan year		6a(2)	716
b Retired or separated participants receiving benefits		6b	304
c Other retired or separated participants entitled to future benefits.....		6c	243
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1263
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	30
f Total. Add lines 6d and 6e		6f	1293
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ C (Service Provider Information)	
		(5) ☒ D (DFE/Participating Plan Information)	
		(6) ☐ G (Financial Transaction Schedules)	

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<div>A Name of plan RETIREMENT INCOME PLAN FOR EMPLOYEES OF GRANGE MUTUAL CASUALTY COMPANY</div>	<div>B Three-digit plan number (PN) 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GRANGE MUTUAL CASUALTY COMPANY</div>	<div>D Employer Identification Number (EIN) 31-4192970</div>

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 04 Day 01 Year 2014			
2 Assets:			
a Market value	2a	128332527	
b Actuarial value	2b	119306596	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	317	20762611	20762611
b For terminated vested participants	227	6375633	6375633
c For active participants	787	56525088	58566172
d Total	1331	83663332	85704416
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.66%	
6 Target normal cost	6	4387411	

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>03/15/2016</div> <div>Signature of actuary</div> <div>RYAN S. CARNEY</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON</div> <div>Firm name</div> <div>1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172</div> <div>Address of the firm</div>	<div>Date</div> <div>14-06630</div> <div>Most recent enrollment number</div> <div>216-937-4000</div> <div>Telephone number (including area code)</div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	4167288	32837407
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	4167288	1554388
9 Amount remaining (line 7 minus line 8)	0	31283019
10 Interest on line 9 using prior year's actual return of <u>15.81</u> %	0	4945845
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.47</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	36228864

Part III Funding Percentages		
14 Funding target attainment percentage	14	96.93 %
15 Adjusted funding target attainment percentage	15	139.20 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.17 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/14/2015	20000000				
			Totals ▶	18(b)	20000000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	17920475
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	4387411	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	2626684	582152	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	4969563	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	4969563	4969563
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	17920475	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	17920475	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	4969563	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan RETIREMENT INCOME PLAN FOR EMPLOYEES OF GRANGE MUTUAL CASUALTY COMPANY	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 GRANGE MUTUAL CASUALTY COMPANY	D Employer Identification Number (EIN) <u>31-4192970</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 51 52 99	NONE	22372	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

J.P. MORGAN CHASE BANK, NA

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan <u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF GRANGE MUTUAL CASUALTY COMPANY</u>	B Three-digit plan number (PN) ► <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GRANGE MUTUAL CASUALTY COMPANY</u>	D Employer Identification Number (EIN) <u>31-4192970</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG U.S. CREDIT INDX SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>		
c EIN-PN <u>04-0025081-145</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6045108</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG U.S. GOVT BOND INDX SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>		
c EIN-PN <u>04-0025081-141</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7281102</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. AGGREGATE BOND INDX SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>		
c EIN-PN <u>04-0025081-069</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11608920</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS INDX SL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST</u>		
c EIN-PN <u>04-0025081-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6625750</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>04/01/2014</u> and ending <u>03/31/2015</u>		
A Name of plan <u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF GRANGE MUTUAL CASUALTY COMPANY</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GRANGE MUTUAL CASUALTY COMPANY</u>		D Employer Identification Number (EIN) <u>31-4192970</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1236879	2972002
(2) U.S. Government securities	1c(2)	1487	989
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	18077591	17587005
(5) Partnership/joint venture interests	1c(5)	5112933	5352447
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	29329793	31560880
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	74289740	70041110
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	128048423	127514433

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	128048423	127514433
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	135	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		135

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	363287	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1893825	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2257112

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1638620	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1638620

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		2931087
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		900353
c Other income.....	2c		239513
d Total income. Add all income amounts in column (b) and enter total.....	2d		7966820

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	8500810	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		8500810
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8500810

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-533990
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CLARK SCHAEFER HACKETT

(2) EIN: 31-0800053

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

A Name of plan <u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF GRANGE MUTUAL CASUALTY COMPANY</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GRANGE MUTUAL CASUALTY COMPANY</u>	D Employer Identification Number (EIN) <u>31-4192970</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-3795042</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	34

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 68% Investment-Grade Debt: 23% High-Yield Debt: 0% Real Estate: 0% Other: 9%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

INDEPENDENT AUDITORS' REPORT

Investment Committee of the Board of Directors
Retirement Income Plan for Employees of Grange
Mutual Casualty Company
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of the Retirement Income Plan for Employees of Grange Mutual Casualty Company, which comprise the statements of net assets available for benefits – modified cash basis as of March 31, 2015 and 2014, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting, as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2015 and 2014, that the information provided to the plan administrator by the trustee is complete and accurate.

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Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. These financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – modified cash basis as of March 31, 2015, and the supplemental Schedule H, Line 4j – Schedule of Reportable Transactions – modified cash basis for the year ended March 31, 2015 are required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
November 4, 2015

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of April 1, 2014

See the Statement of Actuarial Assumptions and Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

For the April 1, 2014 actuarial valuation, the average retirement age is 64 as shown below

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x^r * l_x / l_{50}$
55	0.01	1,000,000	1.000000	0.010000	0.550000
56	0.01	990,000	0.990000	0.009900	0.554400
57	0.02	980,100	0.980100	0.019602	1.117314
58	0.02	960,498	0.960498	0.019210	1.114178
59	0.02	941,288	0.941288	0.018826	1.110720
60	0.02	922,462	0.922462	0.018449	1.106955
61	0.02	904,013	0.904013	0.018080	1.102896
62	0.23	885,933	0.885933	0.203765	12.633401
63	0.10	682,168	0.682168	0.068217	4.297660
64	0.10	613,951	0.613951	0.061395	3.929289
65	0.75	552,556	0.552556	0.414417	26.937118
66	0.40	138,139	0.138139	0.055256	3.646871
67	0.40	82,883	0.082883	0.033153	2.221276
68	0.40	49,730	0.049730	0.019892	1.352658
69	0.40	29,838	0.029838	0.011935	0.823530
70	1.00	17,903	0.017903	0.017903	1.253198
Average age at retirement					63.751463

Plan Name: Retirement Income Plan for Employees of Grange Mutual Casualty Company
 EIN / PN: 31-4192970 / 001
 Plan Sponsor: Grange Mutual Casualty Company
 Valuation Date: April 1, 2014

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

MARCH 31, 2015 AND 2014

WITH INDEPENDENT AUDITORS' REPORT

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

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All other supplemental schedules and notes for which provision is made in the applicable rules and regulations of the Department of Labor are not required under the related instructions or are inapplicable and, therefore, have been omitted.

INDEPENDENT AUDITORS' REPORT

Investment Committee of the Board of Directors
Retirement Income Plan for Employees of Grange
Mutual Casualty Company
Columbus, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements (modified cash basis) of the Retirement Income Plan for Employees of Grange Mutual Casualty Company, which comprise the statements of net assets available for benefits – modified cash basis as of March 31, 2015 and 2014, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

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Basis of Accounting

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Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – modified cash basis as of March 31, 2015, and the supplemental Schedule H, Line 4j – Schedule of Reportable Transactions – modified cash basis for the year ended March 31, 2015 are required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Clark, Schaefer, Hackett & Co.

Columbus, Ohio
November 4, 2015

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS –
MODIFIED CASH BASIS**

March 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Assets:		
Investments, at fair value (Notes 4 and 5):		
Registered investment companies	\$ 70,041,110	\$ 74,289,740
Common stocks	17,587,005	18,077,591
Bonds:		
U.S. government agencies	989	1,487
Collective marketable bond funds	31,560,880	29,329,793
Limited partnership	5,352,447	5,112,933
Cash	<u>2,972,002</u>	<u>1,236,879</u>
Net assets available for benefits	<u><u>\$ 127,514,433</u></u>	<u><u>\$ 128,048,423</u></u>

The accompanying notes are an integral part of these financial statements.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS**

Years Ended March 31, 2015 and 2014

	<u>2015</u>	<u>2014</u>
Additions:		
Investment activity:		
Net appreciation in fair value of investments (Notes 4 and 5)	\$ 5,709,573	\$ 15,930,597
Interest	135	451
Dividends	<u>2,257,112</u>	<u>1,886,718</u>
Total investment activity	7,966,820	17,817,766
Employer contributions	<u>-</u>	<u>-</u>
Total additions	7,966,820	17,817,766
Deductions:		
Benefits paid directly to participants or beneficiaries	<u>(8,500,810)</u>	<u>(6,945,553)</u>
Net (decrease) increase	(533,990)	10,872,213
Net assets available for benefits:		
Beginning of year	<u>128,048,423</u>	<u>117,176,210</u>
End of year	<u><u>\$ 127,514,433</u></u>	<u><u>\$ 128,048,423</u></u>

The accompanying notes are an integral part of these financial statements.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following brief description of the Retirement Income Plan for Employees of Grange Mutual Casualty Company (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

- A. General - The Plan is a defined benefit plan and covers substantially all employees of Grange Mutual Casualty Company (the Company) that were hired on or before December 31, 2006. Employees of the Company hired on or after January 1, 2007 are not eligible to participate in the Plan. Employees hired on or after January 1, 2007 participate in an additional benefit under the Company's defined contribution plan, referred to as Retirement Accumulation Accounts (RA Accounts), which utilize a combination of the employee's age and years of credited service to determine the annual contribution made by the Company. Existing employees of the Company as of December 31, 2006 continue their participation in the Plan and are not eligible to participate in the RA Accounts.

Employees hired on or before December 31, 2006 became participants in the Plan on April 1 or October 1 after reaching the age of 21 and completion of one year of credited service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

- B. Benefits - Under the terms of the Plan, participants are eligible to receive normal retirement benefits upon reaching age 65 and completing 5 years of credited service. A participant may elect an early retirement date at a reduced benefit upon reaching age 55 and completing 5 years of credited service. The normal form of benefits is a life annuity for single participants and a 50% joint and survivor annuity for married participants. Optional forms of benefit payments are available at the election of the participant. Under the provisions of the Plan, benefits are determined by applying factors specified in the Plan to a participant's defined average monthly compensation. The terms of the amended and restated Plan provide that participants who were covered under a prior Plan shall receive a benefit at least equal to that determined under the former agreement. A participant is vested in the Plan after completion of 5 years of credited service. If a vested participant in the Plan dies, a death benefit equal to the value of the participant's accumulated pension benefit is paid to the participant's beneficiary. The method of distribution of the death benefit varies in accordance with Plan specifications.

Note 2. Summary of Significant Accounting Policies

- A. Basis of Presentation - The accompanying financial statements have been prepared on a modified cash basis of accounting and present the net assets available for benefits and the changes in net assets available for benefits. These practices differ from U.S. generally accepted accounting principles as additions to net assets are recognized when received rather than when earned and benefits are recognized when the related check is cashed by the participant.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

B. Use of Estimates - In preparing the financial statements on a modified cash basis of accounting, the plan administrator is required to make certain estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, the disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits as of the date of the financial statements. Actual results could differ from those estimates and assumptions.

C. Investment Valuation and Income Recognition - Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurement and Disclosures*, addresses issues relating to the definition of fair value, the methods used to measure fair value and expanded disclosures about fair value measurements. The definition of fair value in FASB ASC 820 focuses on the price that would be received to sell an asset or paid to transfer a liability, not the price that would be paid to acquire an asset or received to assume a liability. The methods used to measure fair value should be based on the assumptions that market participants would use in pricing an asset or a liability. Fair value disclosures required by FASB ASC 820 are disclosed in Note 5.

Under the terms of the trust agreement between JPMorgan Chase Bank, N.A. (the Trustee) and the Plan, the Trustee holds all fund assets on behalf of the Plan, including cash. The Plan's assets are invested in registered investment companies, common stocks, bonds, collective marketable bond funds, and a limited partnership and all are reported at fair value.

Interest and dividend income earned by the Plan's assets are recognized when credited by the Trustee. Unrealized appreciation or depreciation of investments and realized gains and losses are recognized as components of net appreciation in fair value of investments.

Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses are determined using the specific identification method.

D. Contributions - Contributions from the Company are recognized when received.

E. Benefits - Benefits are recognized when the related checks are cashed by participants.

F. Administrative Expenses - Administrative expenses are borne by the Company and are excluded from these financial statements.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

- G. Risks and Uncertainties - The Plan invests in various types of investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair values of such securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits - modified cash basis.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term could be material to the financial statements.

- H. Subsequent Events - The Plan was evaluated for subsequent events through November 4, 2015, which is the date financial statements were available to be issued. See Note 10 for additional information regarding subsequent events.

Note 3. Obligation for Pension Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent that they are deemed attributable to employee service rendered to the valuation date. Contributions to the Plan are made by the Company in such amounts as have been actuarially determined to fund current costs. Funding for the Plan was calculated using the projected unit credit cost method. Minimum funding requirements as set forth in ERISA have been met.

The actuarial present value of accumulated plan benefits as of and for the plan years beginning April 1, 2014 and 2013 is determined by Towers Watson and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability for payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant assumptions underlying the actuarial present value of accumulated plan benefits at April 1, 2014 and 2013 included: (a) assumed rate of return of 7.75% on plan investments; (b) prescribed mortality table under Section 430(h)(3)(A) of the Internal Revenue Code based on static tables with separate mortality rates for annuitants and non-annuitants (assumed mortality rates based upon the RP-2000 Combined Healthy Mortality Tables with a 13 year projection of mortality improvement using Scale AA for 2013); and (c) assumed retirement

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 3. Obligation for Pension Benefits (Continued)

using stratified rates from age 55 to 70. The foregoing actuarial assumptions are based on the presumption that the Plan will continue.

If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of April 1, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 18,633,587	\$ 16,486,633
Other participants	<u>59,212,997</u>	<u>48,889,405</u>
	77,846,584	65,376,038
Nonvested benefits	<u>3,585,528</u>	<u>233,751</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 81,432,112</u>	<u>\$ 65,609,789</u>

The net increase (decrease) in the actuarial present value of accumulated plan benefits for the years ended April 1, 2014 and 2013 resulted from:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits at the beginning of the plan year	\$ <u>65,609,789</u>	\$ <u>66,078,203</u>
Increase (decrease) during the year attributed to:		
Benefits accumulated	3,434,878	3,380,804
Actuarial losses	2,036,516	7,971,021
Increase for interest due to decreases in discount period	5,081,822	4,799,225
Benefits paid	(6,945,553)	(18,937,389)
Assumption changes	<u>12,214,660</u>	<u>2,317,925</u>
Net increase (decrease)	<u>15,822,323</u>	<u>(468,414)</u>
Actuarial present value of accumulated plan benefits at the end of the plan year	<u>\$ 81,432,112</u>	<u>\$ 65,609,789</u>

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 4. Investments

The following investments represented 5% or more of net assets available for benefits as of March 31, 2015 and 2014:

	<u>2015</u>	<u>2014</u>
Vanguard Institutional Index Fund	\$ 45,502,179	\$ 47,514,814
GMO International Developed Equity Allocation		
Services Fund Fund of Funds	18,493,791	20,660,176
State Street Global Advantage Passive Bond Fund	11,608,920	10,976,089
Long U.S. Govt Bond	7,281,102	6,610,544
US TIPS Index NL Fund	6,625,750	N/A

N/A – Investment did not exceed the 5% reporting threshold at March 31, 2014.

During the plan years ended March 31, 2015 and 2014, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	<u>2015</u>	<u>2014</u>
Registered investment companies	\$ 900,353	\$ 11,255,951
Common stocks	1,638,677	4,734,522
Bonds	(57)	(29)
Collective marketable bond funds	2,931,087	(451,522)
Limited partnership	<u>239,513</u>	<u>391,675</u>
	<u>\$ 5,709,573</u>	<u>\$ 15,930,597</u>

Note 5. Fair Value

FASB ASC 820 provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
- Level 2: Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value (Continued)

- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodology used at March 31, 2015 and 2014.

- Registered investment companies: Valued at the net asset value (NAV) of shares held by the plan at the end of the year.
- Common stocks: Valued at observable market quotations for identical assets and are priced on a daily basis.
- Bonds: Valued at closing price reported in the active market in which the individual security is traded.
- Collective marketable bond funds: Valued based on the fair value of the underlying investments within each account, which represents the NAV of the units held by the Plan at year end. The account manager's objective is to approximate the performance of the Barclays Capital U.S. Aggregate Bond Index, Barclays Capital U.S. Long Credit Bond Index, Barclays Capital U.S. Treasury Inflation Protected Securities, and Barclays Capital U.S. Long Government Bond Index over the long-term.
- Limited partnership: Based on values provided to the trustee by the investment manager. The limited partnership fair value has been determined using the NAV per share of the investment. Inputs are unobservable and result in disclosure at Level 3. The investment manager's objective is to provide capital appreciation while minimizing corresponding risk through direct and/or indirect investments that pursue a variety of investment strategies. In determining the reasonableness of the fair value methodology, the Investment Committee evaluates a variety of factors including review of existing contracts, economic conditions and industry and market developments.
- Cash: Value of cash where cost approximates fair value.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value (Continued)

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of March 31, 2015 and 2014:

	March 31, 2015	Fair Value Measurements at March 31, 2015 using:		
		Level 1	Level 2	Level 3
Common stocks:				
Capital equipment	\$ 3,864,014	\$ 3,864,014	\$ -	\$ -
Consumer goods	1,339,573	1,339,573	-	-
Energy	2,853,779	2,853,779	-	-
Finance	3,972,065	3,972,065	-	-
Services	2,054,482	2,054,482	-	-
Real estate	1,139,946	1,139,946	-	-
Miscellaneous	<u>2,363,146</u>	<u>2,363,146</u>	-	-
	<u>17,587,005</u>	<u>17,587,005</u>	-	-
Registered investment companies:				
Commodities	6,045,140	6,045,140	-	-
International	18,493,791	18,493,791	-	-
Institutional	<u>45,502,179</u>	<u>45,502,179</u>	-	-
	<u>70,041,110</u>	<u>70,041,110</u>	-	-
Bonds:				
U.S. government agencies	<u>989</u>	<u>989</u>	-	-
Collective marketable bond funds	<u>31,560,880</u>	-	<u>31,560,880</u>	-
Limited partnership	<u>5,352,447</u>	-	-	<u>5,352,447</u>
Cash	<u>2,972,002</u>	<u>2,972,002</u>	-	-
	<u>\$127,514,433</u>	<u>\$ 90,601,106</u>	<u>\$ 31,560,880</u>	<u>\$ 5,352,447</u>

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value (Continued)

	March 31, 2014	Fair Value Measurements at March 31, 2014 using:		
		Level 1	Level 2	Level 3
Common stocks:				
Capital equipment	\$ 3,404,260	\$ 3,404,260	\$ -	\$ -
Consumer goods	1,698,038	1,698,038	-	-
Energy	1,802,642	1,802,642	-	-
Finance	2,929,239	2,929,239	-	-
Materials	212,628	212,628	-	-
Services	2,222,009	2,222,009	-	-
Real estate	693,720	693,720	-	-
Miscellaneous	<u>5,115,055</u>	<u>5,115,055</u>	-	-
	<u>18,077,591</u>	<u>18,077,591</u>	-	-
Registered investment companies:				
Commodities	6,114,750	6,114,750	-	-
International	20,660,176	20,660,176	-	-
Institutional	<u>47,514,814</u>	<u>47,514,814</u>	-	-
	<u>74,289,740</u>	<u>74,289,740</u>	-	-
Bonds:				
U.S. government agencies	<u>1,487</u>	<u>1,487</u>	-	-
Collective marketable bond funds	<u>29,329,793</u>	-	<u>29,329,793</u>	-
Limited partnership	<u>5,112,933</u>	-	-	<u>5,112,933</u>
Cash	<u>1,236,879</u>	<u>1,236,879</u>	-	-
	<u>\$128,048,423</u>	<u>\$ 93,605,697</u>	<u>\$ 29,329,793</u>	<u>\$ 5,112,933</u>

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended March 31, 2015 and 2014:

	Limited Partnership	
	2015	2014
Balance, beginning of year	\$ 5,112,933	\$ 4,721,258
Acquisitions	-	5,002,768
Sales	-	(5,002,768)
Unrealized gains relating to units still held at the reporting date	<u>239,514</u>	<u>391,675</u>
Balance, end of year	\$ <u>5,352,447</u>	\$ <u>5,112,933</u>

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 5. Fair Value (Continued)

The following table presents quantitative information on significant internally priced Level 3 assets for which the investment risks associated with the market value changes are borne by the Company.

	<u>Fair Value</u>	<u>Valuation Technique</u>	<u>Unobservable Input</u>
Assets			
Limited Partnership	\$5,352,447	Net Asset Value	Fund Statements

The following table summarizes investments measured at fair value based on NAV per share as of March 31, 2015 and 2014, respectively.

<u>March 31, 2015</u>				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective marketable bond funds	\$ 31,560,880	None	See (a)	See (a)
Limited partnership	\$ 5,352,447	None	See (b)	See (b)
<u>March 31, 2014</u>				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Collective marketable bond funds	\$ 29,329,793	None	See (a)	See (a)
Limited partnership	\$ 5,112,933	None	See (b)	See (b)

(a) *Collective marketable bond funds.* The per unit NAV of the funds is determined each business day. Redemption of fund units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the NAV per unit of each fund.

(b) *Limited partnership.* The limited partnership includes standard and committed shares. Standard shares may be redeemed up to 50% as of the end of any fiscal quarter with at least 95 days written notice to the fund of the limited partnership or may be redeemed in excess of 50% with at least 370 days written notice. Committed shares may be redeemed on the third anniversary of the end of the fiscal quarter in which the purchase of the relevant shares was made, with at least 370 days written notice. On each 3 year anniversary, committed shares will automatically be re-committed for an additional 3 year lock-up period. In the event the fund of the limited partnership permits redemption prior to the lapse of 3 years, an early withdrawal fee may be assessed. As of March 31, 2015 and 2014, the committed shares represented 75% of total market value.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 6. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated January 13, 2012 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC) and, therefore, is exempt from federal income taxes. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

FASB ASC 740 requires plan management to evaluate tax positions taken to determine if there are any uncertain positions that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of March 31, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

Note 7. Plan Termination

While the Company has not expressed any intent to terminate the Plan or to discontinue contributions, it has the right to take such actions, subject to the provisions set forth in ERISA. Should the Plan be terminated at some future time, all participants become 100% vested in benefits earned as of the termination date. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits (as described in the Plan) and the level of benefits guaranteed by and the financial condition of the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets of the Plan and the PBGC guaranty, while other benefits may not be provided for at all.

If the termination is the result of the bankruptcy or near bankruptcy of the Company and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the PBGC will take over the Plan and will pay those benefits that it guarantees. In this case, some participants may receive a smaller benefit than if the Plan had continued.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Company and the Plan has insufficient assets, the Company will be required to pay to the Plan an amount which, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

Note 8. Information Certified by Plan's Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the plan administrator has received certifications from JPMorgan Chase Bank, N.A., the Plan's Trustee, that the following data included in

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

NOTES TO FINANCIAL STATEMENTS

Note 8. Information Certified by Plan's Trustee (Continued)

the accompanying financial statements and supplemental schedules are complete and accurate:

- Investments, as shown in the Statements of Net Assets Available for Benefits – Modified Cash Basis and Note 4 as of March 31, 2015 and 2014, except for \$544,929 and \$745,739 of cash as of March 31, 2015 and 2014, respectively.
- Investment activity, as shown in the Statements of Changes in Net Assets Available for Benefits – Modified Cash Basis and Note 4 for the years ended March 31, 2015 and 2014, except for \$0 and \$207 in interest income, respectively.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified-Cash Basis as of March 31, 2015, except for \$544,929 of cash.

As permitted by the election noted above, the Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information with the related information included in the financial statements and supplemental schedules.

Note 9. Related Party Transactions

The Plan holds cash with JPMorgan Chase Bank, N.A., the trustee of the Plan. Therefore, these transactions qualify as party-in-interest transactions.

Note 10. Subsequent Events

The Plan was amended during the third quarter of 2015 by adding a limited time election option that allows lump sum payments to be made to participants that had a vested benefit in the Plan, but who are no longer employed by the Company. The participants will be offered a limited time, voluntary opportunity to receive their vested benefit in-full in the form of a lump sum. There were 246 participants who were offered the opportunity to receive a lump sum, with the maximum payout that could occur representing approximately \$13.2 million.

SUPPLEMENTAL SCHEDULES

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis

March 31, 2015

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current value
	FEDERAL NATIONAL MORTGAGE ASSOC.	BOND	957 PAR, 3/01/2021,VARIABLE	\$ 986	\$ 989
		TOTAL BONDS		986	989
	ABERCROMBIE & FITCH CO	COMMON STOCK	7,500 SHARES	296,930	165,300
	ADT CORP	COMMON STOCK	6,800 SHARES	211,328	282,336
	ALLEGHANY CORP	COMMON STOCK	700 SHARES	279,164	340,900
	ALLIANT ENERGY CORP	COMMON STOCK	4,400 SHARES	221,984	277,200
	AMDOCS LTD	COMMON STOCK	5,700 SHARES	222,342	310,080
	AMERICAN PUBLIC EDUCATION INC	COMMON STOCK	7,600 SHARES	254,461	227,848
	AMERICAN WATER WORKS CO INC	COMMON STOCK	5,000 SHARES	242,492	271,050
	ANIKA THERAPEUTICS INC	COMMON STOCK	3,800 SHARES	153,011	156,446
	APOLLO EDUCATION GROUP INC	COMMON STOCK	4,600 SHARES	98,901	87,032
	ARRIS GROUP INC	COMMON STOCK	5,800 SHARES	159,308	167,591
	ASCENA RETAIL GROUP INC	COMMON STOCK	21,800 SHARES	347,390	316,318
	ASSURED GUARANTY LTD	COMMON STOCK	8,500 SHARES	162,457	224,315
	AVG TECHNOLOGIES NV	COMMON STOCK	4,500 SHARES	87,427	97,425
	BABCOCK & WILCOX CO	COMMON STOCK	11,900 SHARES	351,157	381,871
	BRUKER CORP	COMMON STOCK	12,100 SHARES	238,303	223,487
	CDW CORP/DE	COMMON STOCK	2,600 SHARES	74,438	96,824
	CHILDREN'S PLACE INC	COMMON STOCK	2,100 SHARES	108,007	134,799
	CIT GROUP INC	COMMON STOCK	5,200 SHARES	233,979	234,624
	CLEAN HARBORS INC	COMMON STOCK	1,800 SHARES	87,813	102,204
	CMS ENERGY CORP	COMMON STOCK	11,000 SHARES	268,164	384,010
	COMMUNITY HEALTH SYSTEMS INC	COMMON STOCK	1,800 SHARES	72,281	94,104
	COMPUTER SCIENCES CORP	COMMON STOCK	3,500 SHARES	213,511	228,480
	COPA HOLDINGS SA	COMMON STOCK	2,100 SHARES	256,155	212,037
	COVANTA HOLDING CORP	COMMON STOCK	6,700 SHARES	150,834	150,281
	DELEK US HOLDINGS INC	COMMON STOCK	3,600 SHARES	103,494	143,100
	DIGITALGLOBE INC	COMMON STOCK	6,200 SHARES	176,331	211,234
	DST SYSTEMS INC	COMMON STOCK	2,000 SHARES	144,576	221,420
	ECHOSTAR CORP	COMMON STOCK	5,500 SHARES	182,286	284,460
	ENSTAR GROUP LTD	COMMON STOCK	900 SHARES	119,941	127,674
	EW SCRIPPS CO	COMMON STOCK	10,100 SHARES	158,475	287,244
	EXPRESS INC	COMMON STOCK	14,600 SHARES	239,302	241,338
	FIRST REPUBLIC BANK/CA	COMMON STOCK	3,800 SHARES	132,904	216,942
	FNF GROUP TRACKING STK	COMMON STOCK	5,400 SHARES	115,016	198,504
	FNFV GROUP TRACKING STK	COMMON STOCK	5,933 SHARES	58,185	83,655
	FTI CONSULTING INC	COMMON STOCK	6,300 SHARES	199,855	235,998
	GAMING AND LEISURE PROPERTIES INC	COMMON STOCK	9,700 SHARES	325,585	357,639
	GENCORP INC	COMMON STOCK	8,800 SHARES	157,069	204,072
	GLOBAL CASH ACCESS HOLD INC	COMMON STOCK	21,700 SHARES	134,239	165,354
	GREEN DOT CORP	COMMON STOCK	12,100 SHARES	183,428	192,632
	H&R BLOCK INC	COMMON STOCK	8,600 SHARES	216,022	275,802
	HANOVER INSURANCE GROUP INC	COMMON STOCK	3,000 SHARES	121,631	217,740
	HCC INSURANCE HOLDINGS INC	COMMON STOCK	4,400 SHARES	138,216	249,348
	HELIX ENERGY SOLUTIONS GROUP INC	COMMON STOCK	9,600 SHARES	186,627	143,616

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis

March 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	IDACORP INC	COMMON STOCK 4,100 SHARES	194,200	257,767
	IRON MOUNTAIN INC	COMMON STOCK 6,600 SHARES	229,978	240,768
	K12 INC	COMMON STOCK 2,500 SHARES	46,706	39,300
	KULICKE & SOFFA INDUSTRIES INC	COMMON STOCK 7,900 SHARES	86,194	123,477
	LABORATORY CORP OF AMERICA HOLDINGS	COMMON STOCK 2,300 SHARES	224,704	290,007
	LIFELOCK INC	COMMON STOCK 9,500 SHARES	116,185	134,045
	MARKEL CORP	COMMON STOCK 400 SHARES	136,587	307,584
	MEDNAX INC	COMMON STOCK 1,700 SHARES	88,378	123,267
	MFA FINANCIAL INC	COMMON STOCK 61,800 SHARES	481,405	485,748
	MKS INSTRUMENTS INC	COMMON STOCK 3,900 SHARES	116,673	131,859
	NABORS INDUSTRIES LTD	COMMON STOCK 10,200 SHARES	168,063	139,230
	NATIONAL CINEMEDIA INC	COMMON STOCK 18,000 SHARES	282,136	271,800
	NATIONSTAR MTG HLDGS INC	COMMON STOCK 4,800 SHARES	124,717	118,896
	NELNET INC	COMMON STOCK 3,000 SHARES	142,398	141,960
	NEUSTAR INC	COMMON STOCK 6,000 SHARES	159,043	147,720
	NEW SENIOR INVESTMENT GROUP INC	COMMON STOCK 14,483 SHARES	328,462	240,852
	NEWCASTLE INVESTMENT CORP	COMMON STOCK 35,583 SHARES	166,775	172,578
	NEWPARK RESOURCES INC	COMMON STOCK 16,500 SHARES	185,993	150,315
	NORTHWESTERN CORP	COMMON STOCK 6,100 SHARES	275,200	328,119
	OCWEN FINANCIAL CORP COMMON STOCK US	COMMON STOCK 11,000 SHARES	309,519	90,750
	PBF ENERGY INC	COMMON STOCK 6,500 SHARES	182,859	220,480
	PHARMERICA CORP	COMMON STOCK 6,200 SHARES	150,897	174,778
	PORTLAND GENERAL ELECTRIC CO	COMMON STOCK 7,400 SHARES	272,226	274,466
	RADIAN GROUP INC	COMMON STOCK 6,800 SHARES	102,436	114,172
	REMY INTERNATIONAL INC	COMMON STOCK 700 SHARES	11,490	15,547
	RENT-A-CENTER INC/TX	COMMON STOCK 9,200 SHARES	282,382	252,448
	RPX CORP	COMMON STOCK 17,100 SHARES	263,512	246,069
	SCHOLASTIC CORP	COMMON STOCK 5,600 SHARES	179,048	229,264
	STEVEN MADDEN LTD	COMMON STOCK 2,600 SHARES	90,631	98,800
	STEWART INFORMATION SERVICES CORP	COMMON STOCK 6,000 SHARES	171,149	243,840
	SYNOPSYS INC	COMMON STOCK 3,100 SHARES	136,974	143,592
	TIVO INC	COMMON STOCK 17,000 SHARES	182,586	180,370
	TOTAL SYSTEM SERVICES INC	COMMON STOCK 7,400 SHARES	170,912	282,310
	TREEHOUSE FOODS INC	COMMON STOCK 2,000 SHARES	147,056	170,040
	TUTOR PERINI CORP	COMMON STOCK 4,300 SHARES	96,291	100,405
	VANTIV INC	COMMON STOCK 3,900 SHARES	135,922	147,030
	VECTRUS INC	COMMON STOCK 1 SHARES	9	20
	VERA BRADLEY INC	COMMON STOCK 9,400 SHARES	170,291	152,562
	VONAGE HOLDINGS CORP	COMMON STOCK 37,400 SHARES	120,282	183,634
	VWR CORP	COMMON STOCK 4,300 SHARES	105,093	111,757
	WELLCARE HEALTH PLANS INC	COMMON STOCK 700 SHARES	46,402	64,022
	WESTAR ENERGY INC	COMMON STOCK 7,300 SHARES	209,189	282,948
	WHITE MOUNTAINS INSURANCE GROUP LTD	COMMON STOCK 500 SHARES	192,716	342,260
	WILLIS GROUP HOLDINGS PLC	COMMON STOCK 3,500 SHARES	132,994	168,630
	WORLD FUEL SERVICES CORP	COMMON STOCK 2,100 SHARES	95,859	120,708
	WORLD WRESTLING ENTERTAINMENT, INC	COMMON STOCK 7,600 SHARES	135,407	106,477
		TOTAL COMMON STOCKS	15,532,948	17,587,005

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis

March 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	GMO INTERNATIONAL DEVELOPED EQUITY ALLOCATION SERVICES FUND FUND OF FUNDS IPATH BLOOMBERG COMMODITY INDEX VANGUARD INSTITUTIONAL INDEX FUND	REGISTERED INVESTMENT COMPANIES 1,126,297 SHARES REGISTERED INVESTMENT COMPANIES 218,000 SHARES REGISTERED INVESTMENT COMPANIES 240,956 SHARES TOTAL REGISTERED INVESTMENT COMPANIES	12,939,030 8,967,933 29,078,656 <u>50,985,619</u>	18,493,791 6,045,140 45,502,179 <u>70,041,110</u>
	LONG U.S. CREDIT BOND FUND	COLLECTIVE MARKETABLE BOND FUNDS 155,313 SHARES COLLECTIVE	4,694,311	6,045,108
	LONG U.S. GOVT BOND	MARKETABLE BOND FUNDS 178,857 SHARES COLLECTIVE	5,955,485	7,281,102
	STATE STREET GLOBAL ADVANTAGE PASSIVE BOND FUND	MARKETABLE BOND FUNDS 405,141 SHARES COLLECTIVE	7,910,115	11,608,920
	U.S. TIPS INDEX NL FUND	MARKETABLE BOND FUNDS 272,878 SHARES TOTAL COLLECTIVE MARKETABLE BOND FUNDS	6,528,055 <u>25,087,966</u>	6,625,750 <u>31,560,880</u>
	QIP, LIMITED - 2014 SERIES	LIMITED PARTNERSHIP 1,249	1,248,982	1,332,484
	QIP, LIMITED - COMMITTED	LIMITED PARTNERSHIP 3,754	3,753,786	4,019,963
		TOTAL LIMITED PARTNERSHIP	<u>5,002,768</u>	<u>5,352,447</u>
*	CASH		<u>2,972,002</u>	<u>2,972,002</u>
		TOTAL INVESTMENTS	<u>\$ 99,582,289</u>	<u>\$ 127,514,433</u>

* Denotes party-in-interest

The above data is based on information which has been certified as complete and accurate by the plan trustee, JPMorgan Chase Bank, N.A.,
except for \$544,929 in cash.

See accompanying independent auditors' report.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4j – Schedule of Reportable Transactions – Modified Cash Basis

Year Ended March 31, 2015

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii)								
<u>Series of transactions in excess of 5% of the net plan assets</u>								
Vanguard Institutional Index Fund	Registered Investment Company 4 transactions, 5,189 shares	\$ 939,318	\$ -	\$ -	\$ -	\$ 939,318	\$ 939,318	\$ -
Vanguard Institutional Index Fund	Registered Investment Company 6 transactions, 42,015 shares	\$ -	\$ 7,750,000	\$ -	\$ -	\$ 5,031,554	\$ 7,750,000	\$ 2,718,446

The above data is based on information which has been certified as complete and accurate by the plan trustee, JPMorgan Chase Bank, N.A.

There were no category (i), (ii) or (iv) transactions during the year ended March 31, 2015.

See accompanying independent auditors' report.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis

March 31, 2015

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current value
	FEDERAL NATIONAL MORTGAGE ASSOC.	BOND	957 PAR, 3/01/2021,VARIABLE	\$ 986	\$ 989
		TOTAL BONDS		986	989
	ABERCROMBIE & FITCH CO	COMMON STOCK	7,500 SHARES	296,930	165,300
	ADT CORP	COMMON STOCK	6,800 SHARES	211,328	282,336
	ALLEGHANY CORP	COMMON STOCK	700 SHARES	279,164	340,900
	ALLIANT ENERGY CORP	COMMON STOCK	4,400 SHARES	221,984	277,200
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	ASSURED GUARANTY LTD	COMMON STOCK	8,500 SHARES	162,457	224,315
	AVG TECHNOLOGIES NV	COMMON STOCK	4,500 SHARES	87,427	97,425
	BABCOCK & WILCOX CO	COMMON STOCK	11,900 SHARES	351,157	381,871
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	DELEK US HOLDINGS INC	COMMON STOCK	3,600 SHARES	103,494	143,100
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	ENSTAR GROUP LTD	COMMON STOCK	900 SHARES	119,941	127,674
	EW SCRIPPS CO	COMMON STOCK	10,100 SHARES	158,475	287,244
	EXPRESS INC	COMMON STOCK	14,600 SHARES	239,302	241,338
	FIRST REPUBLIC BANK/CA	COMMON STOCK	3,800 SHARES	132,904	216,942
	FNF GROUP TRACKING STK	COMMON STOCK	5,400 SHARES	115,016	198,504
	FNFV GROUP TRACKING STK	COMMON STOCK	5,933 SHARES	58,185	83,655
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	GENCORP INC	COMMON STOCK	8,800 SHARES	157,069	204,072
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	HANOVER INSURANCE GROUP INC	COMMON STOCK	3,000 SHARES	121,631	217,740
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	HELIX ENERGY SOLUTIONS GROUP INC	COMMON STOCK	9,600 SHARES	186,627	143,616

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis

March 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	IDACORP INC	COMMON STOCK 4,100 SHARES	194,200	257,767
	IRON MOUNTAIN INC	COMMON STOCK 6,600 SHARES	229,978	240,768
	K12 INC	COMMON STOCK 2,500 SHARES	46,706	39,300
	KULICKE & SOFFA INDUSTRIES INC	COMMON STOCK 7,900 SHARES	86,194	123,477
	LABORATORY CORP OF AMERICA HOLDINGS	COMMON STOCK 2,300 SHARES	224,704	290,007
	LIFELOCK INC	COMMON STOCK 9,500 SHARES	116,185	134,045
	MARKEL CORP	COMMON STOCK 400 SHARES	136,587	307,584
	MEDNAX INC	COMMON STOCK 1,700 SHARES	88,378	123,267
	MFA FINANCIAL INC	COMMON STOCK 61,800 SHARES	481,405	485,748
	MKS INSTRUMENTS INC	COMMON STOCK 3,900 SHARES	116,673	131,859
	NABORS INDUSTRIES LTD	COMMON STOCK 10,200 SHARES	168,063	139,230
	NATIONAL CINEMEDIA INC	COMMON STOCK 18,000 SHARES	282,136	271,800
	NATIONSTAR MTG HLDGS INC	COMMON STOCK 4,800 SHARES	124,717	118,896
	NELNET INC	COMMON STOCK 3,000 SHARES	142,398	141,960
	NEUSTAR INC	COMMON STOCK 6,000 SHARES	159,043	147,720
	NEW SENIOR INVESTMENT GROUP INC	COMMON STOCK 14,483 SHARES	328,462	240,852
	NEWCASTLE INVESTMENT CORP	COMMON STOCK 35,583 SHARES	166,775	172,578
	NEWPARK RESOURCES INC	COMMON STOCK 16,500 SHARES	185,993	150,315
	NORTHWESTERN CORP	COMMON STOCK 6,100 SHARES	275,200	328,119
	OCWEN FINANCIAL CORP COMMON STOCK US	COMMON STOCK 11,000 SHARES	309,519	90,750
	PBF ENERGY INC	COMMON STOCK 6,500 SHARES	182,859	220,480
	PHARMERICA CORP	COMMON STOCK 6,200 SHARES	150,897	174,778
	PORTLAND GENERAL ELECTRIC CO	COMMON STOCK 7,400 SHARES	272,226	274,466
	RADIAN GROUP INC	COMMON STOCK 6,800 SHARES	102,436	114,172
	REMY INTERNATIONAL INC	COMMON STOCK 700 SHARES	11,490	15,547
	RENT-A-CENTER INC/TX	COMMON STOCK 9,200 SHARES	282,382	252,448
	RPX CORP	COMMON STOCK 17,100 SHARES	263,512	246,069
	SCHOLASTIC CORP	COMMON STOCK 5,600 SHARES	179,048	229,264
	STEVEN MADDEN LTD	COMMON STOCK 2,600 SHARES	90,631	98,800
	STEWART INFORMATION SERVICES CORP	COMMON STOCK 6,000 SHARES	171,149	243,840
	SYNOPSYS INC	COMMON STOCK 3,100 SHARES	136,974	143,592
	TIVO INC	COMMON STOCK 17,000 SHARES	182,586	180,370
	TOTAL SYSTEM SERVICES INC	COMMON STOCK 7,400 SHARES	170,912	282,310
	TREEHOUSE FOODS INC	COMMON STOCK 2,000 SHARES	147,056	170,040
	TUTOR PERINI CORP	COMMON STOCK 4,300 SHARES	96,291	100,405
	VANTIV INC	COMMON STOCK 3,900 SHARES	135,922	147,030
	VECTRUS INC	COMMON STOCK 1 SHARES	9	20
	VERA BRADLEY INC	COMMON STOCK 9,400 SHARES	170,291	152,562
	VONAGE HOLDINGS CORP	COMMON STOCK 37,400 SHARES	120,282	183,634
	VWR CORP	COMMON STOCK 4,300 SHARES	105,093	111,757
	WELLCARE HEALTH PLANS INC	COMMON STOCK 700 SHARES	46,402	64,022
	WESTAR ENERGY INC	COMMON STOCK 7,300 SHARES	209,189	282,948
	WHITE MOUNTAINS INSURANCE GROUP LTD	COMMON STOCK 500 SHARES	192,716	342,260
	WILLIS GROUP HOLDINGS PLC	COMMON STOCK 3,500 SHARES	132,994	168,630
	WORLD FUEL SERVICES CORP	COMMON STOCK 2,100 SHARES	95,859	120,708
	WORLD WRESTLING ENTERTAINMENT, INC	COMMON STOCK 7,600 SHARES	135,407	106,477
		TOTAL COMMON STOCKS	15,532,948	17,587,005

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – Modified Cash Basis

March 31, 2015

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	GMO INTERNATIONAL DEVELOPED EQUITY ALLOCATION SERVICES FUND FUND OF FUNDS IPATH BLOOMBERG COMMODITY INDEX VANGUARD INSTITUTIONAL INDEX FUND	REGISTERED INVESTMENT COMPANIES 1,126,297 SHARES REGISTERED INVESTMENT COMPANIES 218,000 SHARES REGISTERED INVESTMENT COMPANIES 240,956 SHARES TOTAL REGISTERED INVESTMENT COMPANIES	12,939,030 8,967,933 29,078,656 <u>50,985,619</u>	18,493,791 6,045,140 45,502,179 <u>70,041,110</u>
	LONG U.S. CREDIT BOND FUND	COLLECTIVE MARKETABLE BOND FUNDS 155,313 SHARES COLLECTIVE	4,694,311	6,045,108
	LONG U.S. GOVT BOND	MARKETABLE BOND FUNDS 178,857 SHARES COLLECTIVE	5,955,485	7,281,102
	STATE STREET GLOBAL ADVANTAGE PASSIVE BOND FUND	MARKETABLE BOND FUNDS 405,141 SHARES COLLECTIVE	7,910,115	11,608,920
	U.S. TIPS INDEX NL FUND	MARKETABLE BOND FUNDS 272,878 SHARES TOTAL COLLECTIVE MARKETABLE BOND FUNDS	6,528,055 <u>25,087,966</u>	6,625,750 <u>31,560,880</u>
	QIP, LIMITED - 2014 SERIES	LIMITED PARTNERSHIP 1,249	1,248,982	1,332,484
	QIP, LIMITED - COMMITTED	LIMITED PARTNERSHIP 3,754	3,753,786	4,019,963
		TOTAL LIMITED PARTNERSHIP	<u>5,002,768</u>	<u>5,352,447</u>
*	CASH		<u>2,972,002</u>	<u>2,972,002</u>
		TOTAL INVESTMENTS	<u>\$ 99,582,289</u>	<u>\$ 127,514,433</u>

* Denotes party-in-interest

The above data is based on information which has been certified as complete and accurate by the plan trustee, JPMorgan Chase Bank, N.A.,
except for \$544,929 in cash.

See accompanying independent auditors' report.

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
GRANGE MUTUAL CASUALTY COMPANY**

Plan number: 001

EIN number: 31-4192970

Schedule H, Line 4j – Schedule of Reportable Transactions – Modified Cash Basis

Year Ended March 31, 2015

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of party involved	Description of asset (including interest rate and maturity in case of loan)	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Category (iii)								
<u>Series of transactions in excess of 5% of the net plan assets</u>								
Vanguard Institutional Index Fund	Registered Investment Company 4 transactions, 5,189 shares	\$ 939,318	\$ -	\$ -	\$ -	\$ 939,318	\$ 939,318	\$ -
Vanguard Institutional Index Fund	Registered Investment Company 6 transactions, 42,015 shares	\$ -	\$ 7,750,000	\$ -	\$ -	\$ 5,031,554	\$ 7,750,000	\$ 2,718,446

The above data is based on information which has been certified as complete and accurate by the plan trustee, JPMorgan Chase Bank, N.A.

There were no category (i), (ii) or (iv) transactions during the year ended March 31, 2015.

See accompanying independent auditors' report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information				
For calendar plan year 2014 or fiscal plan year beginning		04/01/2014	and ending	03/31/2015
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or		
B This return/report is:	☒ a single-employer plan;	☐ a DFE (specify) ____		
	☐ the first return/report;	☐ the final return/report;		
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).		
C If the plan is a collectively-bargained plan, check here. ☐				
D Check box if filing under:	☐ Form 5558;	☐ automatic extension;	☐ the DFVC program;	
	☐ special extension (enter description)			

Part II Basic Plan Information—enter all requested information			
1a Name of plan Retirement Income Plan for Employees of Grange Mutual Casualty Company	1b Three-digit plan number (PN) ▶	001	
	1c Effective date of plan	04/01/1958	
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Grange Mutual Casualty Company David Ackermann 671 South High Street Columbus OH 43206-1066	2b Employer Identification Number (EIN) 31-4192970	2c Plan Sponsor's telephone number (614) 445-2900	2d Business code (see instructions) 524150

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		11-8-14	Tony Reeser
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		11/8/16	Mark Fisher
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 04/01/2014 and ending 03/31/2015

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Retirement Income Plan for Employees of Grange Mutual Casualty Company	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Grange Mutual Casualty Company	D Employer Identification Number (EIN) 31-4192970	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>04</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....	2a	128332527	
b Actuarial value.....	2b	119306596	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	317	20762611	20762611
b For terminated vested participants.....	227	6375633	6375633
c For active participants.....	787	56525088	58566172
d Total.....	1331	83663332	85704416
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		6.66%
6 Target normal cost.....	6		4387411

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Ryan S. Carney <i>RC</i> Signature of actuary	March 15, 2016 Date
	Ryan S. Carney Type or print name of actuary	1406630 Most recent enrollment number
	Willis Towers Watson Firm name	216-937-4000 Telephone number (including area code)
	1001 Lakeside Avenue, Suite 1500 Cleveland OH 44114-1172 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2014
v. 140124

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	4387411	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2626684	582152	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	4969563	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	4969563	4969563
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	17920475	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	17920475	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	4969563	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

Schedule SB, Part V
Statement of Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

- Applicable month April 2014
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.99%	1.19%
■ Second segment rate	6.32%	4.06%
■ Third segment rate	6.99%	5.11%
■ Effective interest rate	6.66%	4.85%

Annual rates of increase

- Compensation:

Future compensation is based on the following representative age-based table:

Age	Annual Increase
Under 25	8.0%
25-29	7.6%
30-34	6.6%
35-39	5.6%
40-44	4.8%
45-49	4.3%
50-54	4.0%
55-59	3.8%
Above 59	3.5%

- Future Social Security wage bases For purposes of determining target normal cost and the additional funding target for maximum deductible contribution purposes, the national average wage index is assumed to increase by 3.50% per annum.
- Statutory limits on compensation Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Retirement Income Plan for Employees of Grange Mutual Casualty Company
 EIN / PN: 31-4192970 / 001
 Plan Sponsor: Grange Mutual Casualty Company
 Valuation Date: April 1, 2014

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code based on static tables with separate mortality rates for annuitants and non-annuitants has been used.

See "Form of Payment" for a description of the mortality table used for determining lump sum payments.

- **Disabled** The healthy mortality tables for males and females as prescribed by the Treasury are used for determination of the funding target and target normal cost.

Termination Rates varying by service

Representative Termination Rates not due to disability, retirement or mortality

Attained Service	Rate per 1,000 Employees
0	1.63
1	1.44
5	0.84
10	0.39
15	0.29
20	0.21
25	0.14
30	0.07
35 and over	0.00

Plan Name: Retirement Income Plan for Employees of Grange Mutual Casualty Company
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 Valuation Date: April 1, 2014

Disability

The DP-1985 Disability Table, male and female rates. The rates at the following illustrative ages indicate the disability incidence assumptions used:

Rate per 1,000 Employees		
Age	Males	Females
20	.29	.30
25	.38	.47
30	.48	.80
40	1.17	2.11
50	3.58	5.33
55	7.22	9.52
60	12.56	11.59

Retirement

Rates varying by age, average age 63.75

The rates at which participants retire by age are shown below.

Attained Age	Percentage Retiring
55	1%
56	1%
57	2%
58	2%
59	2%
60	2%
61	2%
62	23%
63	10%
64	10%
65	75%
66	40%
67	40%
68	40%
69	40%
70 & Older	100%

Plan Name:	Retirement Income Plan for Employees of Grange Mutual Casualty Company
EIN / PN:	31-4192970 / 001
Plan Sponsor:	Grange Mutual Casualty Company
Valuation Date:	April 1, 2014

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Age 65
- Disability benefit Upon disablement
- Retirement benefit Upon retirement

Form of payment

75% of participants reaching retirement are assumed to elect a lump sum payment with the assumed interest rate in effect at distribution equal to the valuation rate (funding target and target normal cost) and the “applicable mortality” under IRC Section 417(e)(3). All remaining participants are assumed to elect the normal form.

Lump sums were valued using the substitution of annuity form under Proposed IRC §1.430(d)-1(f)(4) without application of generational mortality and without recognition of the phase-in of IRC §417(e)(3) assumptions. The rates used for actual lump sum disbursements during the current plan year are:

1st segment rate 1.24%
2nd segment rate 4.42%
3rd segment rate 5.40%.

Percent married

85% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement

Spouse age

Wife three years younger than husband

Covered pay

Assumed plan compensation for the year beginning on the valuation date was determined as current annual rate of pay.

Administrative expenses

\$0; the plan sponsor pays administrative expenses directly

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Retirement Income Plan for Employees of Grange Mutual Casualty Company
 EIN / PN: 31-4192970 / 001
 Plan Sponsor: Grange Mutual Casualty Company
 Valuation Date: April 1, 2014

Methods

Valuation date	First day of plan year (April 1)
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable.</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued based on discussions with Grange Mutual Casualty Company regarding the likelihood that these benefits will be paid. Willis Towers Watson has reviewed the plan provisions with Grange Mutual Casualty Company and, based on that review, is not aware of any significant benefits required to be valued that were not.
Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of April 2013 to April 2014.</p> <p>The HATFA corridors were applied to the segment rates for minimum funding requirement purposes for the first time in 2014 because Grange elected for the corridors to not apply in 2013.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p>

Plan Name: Retirement Income Plan for Employees of Grange Mutual Casualty Company
 EIN / PN: 31-4192970 / 001
 Plan Sponsor: Grange Mutual Casualty Company
 Valuation Date: April 1, 2014

Schedule SB, Part V

Summary of Plan Provisions

Plan Provisions

The plan was amended and restated effective April 1, 2011, executed November 18, 2010.

Plan provisions may not be the same for the Funding valuation.

Covered employees Each employee who has reached age 21 with one year of service shall become a participant on the following April 1 or October 1. Effective January 1, 2007 the Plan was closed to new participants hired on or after January 1, 2007. Employees hired before January 1, 2007 may participate upon meeting the Plan's eligibility requirements. In addition, a participant who is re-employed on or after January 1, 2007 shall not resume active participation in the Plan.

Participation date Date of becoming a covered employee

Definitions

Vesting service One year for each 1,000-hour calendar year of employment by Grange Mutual Casualty Company

Pension service For a full time employee, Benefit Service is credited based on elapsed time of continuous employment to years and completed months

For a part-time or temporary employee, one year of Benefit Service is credit for each Benefit Computation Period in which the employee completed 1,000 hours of service

Pensionable pay Salary plus bonus up to the maximum presently allowed under IRC section 401(a)(17)

Average earnings The average of the highest 60 consecutive months of regular monthly salary during the 120 month period ending on the earlier of the participant's termination date or retirement date

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 with five years of pension service

Plan Name:	Retirement Income Plan for Employees of Grange Mutual Casualty Company
EIN / PN:	31-4192970 / 001
Plan Sponsor:	Grange Mutual Casualty Company
Valuation Date:	April 1, 2014

Monthly pension benefit

The pension benefit available at normal retirement is based on the following formula:

	1.375% of final average pay plus 0.625% of final average pay over Social Security Covered Compensation	times	Benefit Service up to 20 years
plus	0.5% of final average pay plus 0.5% of final average pay over Social Security Covered Compensation	times	Benefit Service 20 to 35 years
plus	0.5% of final average pay	times	Benefit Service 35 to 40 years

The benefit produced by the above formula will be held to a minimum of the benefit accrued as of March 31, 1989 determined in accordance with the provisions of the prior plan.

The benefit for a participant who retires or terminates on or after April 1, 1994 will not be less than his accrued benefit determined as of March 31, 1994 (subject to the pre-1994 compensation limitation of \$235,840) plus accruals on or after April 1, 1994 based on compensation subject to current qualified plan limits.

Employees formerly covered under the Ohio State Grange Plan receive the greater of: (1) benefits calculated under the Grange Mutual Plan with service beginning at January 1, 1993; or (2) benefits calculated under the Grange Mutual formula using both Ohio State Grange and Grange Mutual service (with a guarantee of the accrued Ohio State Grange benefits as of December 31, 1992), less the benefits paid under the terminated Ohio State Grange Plan.

Monthly preretirement death benefit

The pre-retirement death benefit is paid to the spouse, who receives a monthly lifetime pension equal to 50% of the reduced amount the participant would have received if he had retired as of the date of his death with the 50% joint and survivor form of annuity in effect, except that if the participant dies prior to age 55, the benefit will be payable commencing on the first day of the month following the date upon which the participant would have attained age 55.

Plan Name:	Retirement Income Plan for Employees of Grange Mutual Casualty Company
EIN / PN:	31-4192970 / 001
Plan Sponsor:	Grange Mutual Casualty Company
Valuation Date:	April 1, 2014

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of vesting service
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service
Disability	Permanent and total disability prior to NRD, and participant is receiving a Social Security disability benefit
Preretirement death benefit	Death at any age with five years of vesting service

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced by 1/180 for each month of payment before age 60 and reduced by 1/360 for the next 60 months that commencement precedes NRD
Postponed retirement	The monthly pension benefit determined as of the actual retirement date
Vested termination	Monthly pension benefit determined as of termination date, reduced by 1/180 for each month of payment before age 60 and reduced by 1/360 for the next 60 months that commencement precedes NRD
Disablement	Payments from the company's long term disability insurance plan and continued benefit service prior to NRD and benefits equal to vested termination benefits after NRD
Preretirement death	The pre-retirement death benefit is paid to the spouse, who receives a monthly lifetime pension equal to 50% of the reduced amount the participant would have received if he had retired as of the date of his death with the 50% joint and survivor form of annuity in effect, except that if the participant dies prior to age 55, the benefit will be payable commencing on the first day of the month following the date upon which the participant would have attained age 55.

Plan Name: Retirement Income Plan for Employees of Grange Mutual Casualty Company
 EIN / PN: 31-4192970 / 001
 Plan Sponsor: Grange Mutual Casualty Company
 Valuation Date: April 1, 2014

Other Plan Provisions

Forms of payment

The normal form is a straight-life annuity; however, a married participant will receive his benefit in the form of a 50% joint and survivor annuity (actuarially reduced from the straight-life amount) unless he elects otherwise.

In lieu of the normal form, a participant may elect to receive a reduced amount of benefit payable during the lifetime of the participant, and following his death a percentage (not to exceed 100%) will be payable to his surviving joint annuitant for life. In addition, a reduced straight life annuity with a 10 year guarantee is available.

Also, a lump sum payment option is available to a participant retiring under the normal retirement, postponed retirement, or early retirement provisions.

Actuarial Equivalence

Actuarial Equivalent shall be determined using the Mortality table specified in Revenue Ruling 2001-62 and an interest rate of seven percent (7%) per annum, compounded annually. Notwithstanding the foregoing, with respect to benefits other than a lump sum value, the benefit shall not be less than the benefit determined on September 30, 2004 using the UP-1984 Mortality Table (set back three years for beneficiaries) with an interest rate of seven percent (7%) per annum, compounded annually.

With respect to the determination of a lump sum value, present value shall be determined by using the "applicable mortality table" under Code Section 417(e)(3)(B) and the "applicable interest rate" under Code Section 417(e)(3)(C) for the month of January immediately preceding the beginning of the Plan Year in which the determination date occurs. The stability period shall be the Plan Year.

Pension Increases

None

Plan participants' contributions

None

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name:	Retirement Income Plan for Employees of Grange Mutual Casualty Company
EIN / PN:	31-4192970 / 001
Plan Sponsor:	Grange Mutual Casualty Company
Valuation Date:	April 1, 2014

1994 Voluntary Early Retirement Program

Employees who retired under the 1994 window program received a monthly supplement of \$400 payable until age 65 and early retirement benefits payable in full at the current age, plus a special pension service bonus.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Significant Events

To the best of our knowledge, no significant events took place during the year

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Retirement Income Plan for Employees of Grange Mutual Casualty Company
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Plan Sponsor: Grange Mutual Casualty Company
Valuation Date: April 1, 2014

Schedule SB, Line 26
Schedule of Active Participant Data as of April 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		5		4		0		0		0		0		0		0	
30 - 34	0		1		24		20		0		0		0		0		0		0	
35 - 39	0		0		26		32		18		3		0		0		0		0	
40 - 44	0		1		34		46		27		15		3		0		0		0	
45 - 49	0		0		33		37		38		11		20		4		0		0	
50 - 54	0		0		29		37		38		8		26		20		3		0	
55 - 59	0		0		18		25		26		12		18		11		22		7	
60 - 64	0		0		8		15		13		9		10		5		4		8	
65 - 69	0		0		2		2		3		1		0		0		0		2	
70 & Over	0		0		0		2		1		0		0		0		0		0	

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Schedule SB, Line 32
Schedule of Amortization Bases
as of April 1, 2014

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	04/01/2014	(3,872,864)	7	(3,872,864)	(648,159)
2	Shortfall	04/01/2013	7,371,902	6	6,499,548	1,230,311
Total					2,626,684	582,152

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