

Amendment due to a Net Income adjustment to our audited finanacial statements at the request of our public auditors.



LIFE AND ACCIDENT AND HEALTH COMPANIES — ASSOCIATION EDITION

ANNUAL STATEMENT  
For the Year Ended December 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE  
GRANGE LIFE INSURANCE COMPANY

NAIC Group Code	00267	(Current Period)	,	00267	(Prior Period)	NAIC Company Code	71218	Employer's ID Number	31-0739286
Organized under the Laws of	Ohio				State of Domicile or Port of Entry				Ohio
Country of Domicile	United States								
Incorporated/Organized	03/05/1968				Commenced Business				07/01/1968
Statutory Home Office	671 South High Street				(Street and Number)				Columbus, OH, US 43206-1066
									(City or Town, State, Country and Zip Code)
Main Administrative Office	671 South High Street				Columbus, OH, US 43206-1066				614-445-2900
									(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Mail Address	P.O. Box 1218				Columbus, OH, US 43216-1212				
									(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records	671 South High Street				Columbus, OH, US 43206-1066				614-445-2900
									(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)
Internet Web Site Address	www.grangeinsurance.com								
Statutory Statement Contact	Jeffrey P. Siefker				614-593-4014				
									(Name) (Area Code) (Telephone Number) (Extension)
	siefkerj@grangeinsurance.com				614-445-2619				
									(E-Mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
Michelle Renee Benz	EVP & President	John Paul McCaffrey	EVP & Treasurer
LaVawn Dee Coleman	EVP & Secretary	Milliman	Actuary

OTHER OFFICERS


DIRECTORS OR TRUSTEES

JOHN (NMN) AMMENDOLA #	MARK LEWIS BOXER	DOUGLAS PAUL BUTH	GLENN EUGENE CORLETT
ROBERT ENLOW HOYT	JOHN PAUL MCCAFFREY	MARY MARNETTE PERRY	MELVIN GEORGE PYE JR
THOMAS SIMRALL STEWART	DAVID CHARLES WETMORE	CHRISTIANNA (NMN) WOOD	

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

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

Michelle Renee Benz EVP & President	John Paul McCaffrey EVP & Treasurer	LaVawn Dee Coleman EVP & Secretary
a. Is this an original filing? Yes [ ] No [ X ]		
b. If no:		
1. State the amendment number 2		
2. Date filed 07/22/2015		
3. Number of pages attached 14		

Subscribed and sworn to before me this \_\_\_\_\_ day of February, 2015

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### **Reinsurance Ceded To Unauthorized Companies**

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
0000001	0001	2	075000022	U.S. Bank National Association	38,820,000

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)					
	1 2014	2 2013	3 2012	4 2011	5 2010
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts .....	40,659	37,519	36,656	28,979	28,981
2. Commissions and reinsurance expense allowances .....	14,420	12,910	11,858	5,286	6,111
3. Contract claims .....	23,329	21,912	21,827	24,107	17,906
4. Surrender benefits and withdrawals for life contracts .....		0	0	0	0
5. Dividends to policyholders .....		0	0	0	0
6. Reserve adjustments on reinsurance ceded .....	0	0	0	0	0
7. Increase in aggregate reserves for life and accident and health contracts .....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	2,499	2,457	2,504	2,589	2,740
9. Aggregate reserves for life and accident and health contracts .....	238,232	209,853	169,794	135,724	115,380
10. Liability for deposit-type contracts .....		0	0	0	0
11. Contract claims unpaid .....	2,952	1,495	2,780	5,267	3,205
12. Amounts recoverable on reinsurance .....	2,250	5,597	5,427	6,884	1,588
13. Experience rating refunds due or unpaid .....		0	0	0	0
14. Policyholders' dividends (not included in Line 10) .....		0	0	0	0
15. Commissions and reinsurance expense allowances due .....		0	0	0	0
16. Unauthorized reinsurance offset .....	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers .....	0	0	0	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....	1,142	0	1,662	0	0
19. Letters of credit (L) .....	38,820	24,500	14,500	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....	0	0	0	XXX	XXX
23. Funds deposited by and withheld from (F) .....	0	0	0	XXX	XXX
24. Letters of credit (L) .....	0	0	0	XXX	XXX
25. Trust agreements (T) .....	0	0	0	XXX	XXX
26. Other (O) .....	0	0	0	XXX	XXX

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