



LIFE, ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES — ASSOCIATION EDITION

QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2022
OF THE CONDITION AND AFFAIRS OF THE

Grange Life Insurance Company

NAIC Group Code	00588 (Current Period)	00588 (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						
Licensed as business type:			Life, Accident and Health [x]	Fraternal Benefit Societies []					
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)		Columbus, OH, US 43206-1066 (City or Town, State, Country and Zip Code)			
Main Administrative Office			671 South High Street (Street and Number)	Columbus, OH, US 43206-1066 (City or Town, State, Country and Zip Code)		800-399-3797 (Area Code) (Telephone Number)			
Mail Address			P.O. Box 182828 (Street and Number or P.O. Box)	Columbus, OH, US 43218-2828 (City or Town, State, Country and Zip Code)		Columbus, OH, US 43218-2828 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records			671 South High Street (Street and Number)	Columbus, OH, US 43206-1066 (City or Town, State, Country and Zip Code)		800-399-3797 (Area Code) (Telephone Number)			
Internet Web Site Address			www.grangeinsurance.com						
Statutory Statement Contact			Elishia Plaas Sibbing (Name)	816-753-7000 (Area Code) (Telephone Number) (Extension)					
			Ellee.Sibbing@kclife.com (E-mail Address)	816-531-8979 (FAX Number)					

OFFICERS

Name	Title	Name	Title
WALTER EDWIN BIXBY #	PRESIDENT AND CHIEF EXECUTIVE OFFICER	ALAN CRAIG MASON Jr.	GENERAL COUNSEL & SECRETARY
ELISHIA PLAAS SIBBING #	CONTROLLER		

OTHER OFFICERS

ROBERT PHILIP BIXBY	CHAIRMAN OF THE BOARD	DAVID ARNOLD LAIRD #	CHIEF FINANCIAL OFFICER
MARK ALAN MILTON	ACTUARY		

DIRECTORS OR TRUSTEES

ROBERT PHILIP BIXBY	WALTER EDWIN BIXBY	DAVID ARNOLD LAIRD #	MARK ALAN MILTON
STEPHEN EDWARD ROPP #			

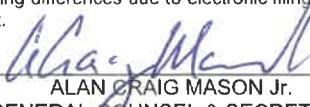
State of Missouri

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County of Jackson

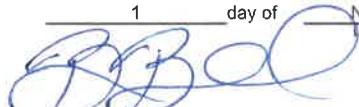
The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any 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.


WALTER EDWIN BIXBY
PRESIDENT AND CHIEF EXECUTIVE
OFFICER


ALAN CRAIG MASON Jr.
GENERAL COUNSEL & SECRETARY


ELISHIA PLAAS SIBBING
CONTROLLER

Subscribed and sworn to before me this
1 day of November, 2022


Barbara Brown, Notary Public
May 16, 2024

BARBARA BROWN
Notary Public - Notary Seal
State of Missouri
Commissioned for Clay County
My Commission Expires: May 16, 2024
Commission Number: 12342891

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number
2. Date filed
3. Number of pages attached

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