

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04863 (7)**  
1. Corporation Name  
**GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 29 PM 1:20

Principal Place of Business Mailing Address  
5200 WEST U.S. 223 5200 WEST U.S. 223  
ADRIAN MI 49221 ADRIAN MI 49221

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 3a. Date of Last Report  
02/01/1985 01/25/1994  
4. FEI Number Applied For  
38-0580730 Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent THE FLORIDA INSURANCE COMMISSIONER  
THE CAPITOL BUILDING  
TALLAHASSEE FL 32301  
10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, FRANK	1.2 NAME	
STREET ADDRESS	5200 WEST U.S. 223	1.3 STREET ADDRESS	
CITY - ST - ZIP	ADRIAN MI	1.4 CITY - ST - ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, MICHAEL J.	2.2 NAME	
STREET ADDRESS	5200 WEST U.S. 223	2.3 STREET ADDRESS	
CITY - ST - ZIP	ADRIAN MI	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, VERNON	3.2 NAME	
STREET ADDRESS	5200 WEST U.S. 223	3.3 STREET ADDRESS	
CITY - ST - ZIP	ADRIAN MI	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, RICHARD	4.2 NAME	
STREET ADDRESS	7-740 P-3, RT. 5	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPOLEON OH	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATZHORN, RAYMOND	5.2 NAME	
STREET ADDRESS	963 SANTA MARIA DR.	5.3 STREET ADDRESS	
CITY - ST - ZIP	GREENWOOD IN	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCK, RUSSELL L.	6.2 NAME	
STREET ADDRESS	9865 BUCK ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	FREELAND MI	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am not an officer, director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

SIGNATURE: *Michael J. Wade* Michael J. Wade 1/12/95 (517) 263-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #