

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90240 002 \*\*\*\*61.25

**DOCUMENT # P04863**

1. Entity Name

**GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)**

Principal Place of Business

Mailing Address

5200 WEST U.S. 223  
 ADRIAN MI 49221

5200 WEST U.S. 223  
 ADRIAN MI 49221-9461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**38-0580730**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

00008643



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE FLORIDA INSURANCE COMMISSIONER  
 THE CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DICK, FRANK	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	WADE, MICHAEL J.	
STREET ADDRESS	5200 WEST U.S. 223	
CITY-ST-ZIP	ADRIAN MI	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PATTERSON, JEFFREY S	
STREET ADDRESS	5200 W US 223	
CITY-ST-ZIP	ADRIAN MI 49221	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, RICHARD	
STREET ADDRESS	7-740 P-3, RT. 5	
CITY-ST-ZIP	NAPOLEON OH	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATZHORN, RAYMOND	
STREET ADDRESS	1642 FOXMERE WAY	
CITY-ST-ZIP	GREENWOOD IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUTTON, DAVID E	
STREET ADDRESS	12304 W 165TH	
CITY-ST-ZIP	LOWELL IN 46356	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark A. Wills	
STREET ADDRESS	1720 S. Carbon Hill Rd.	
CITY-ST-ZIP	Coal City, IL 60416	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

Date

(517) 263-2244

Daytime Phone #

CR2E037 (9/99)