FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:20

DOCUMENT # P04863 (7)

1. Corporation 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1985
3a. Date of Last Report: 01/25/1994
4. FEI Number: 38-0580730 ☐ Applied For ☐ Not Applicable

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

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	10. Name and Address of New Registered Agent
THE FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (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	☐ Change ☐ 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	☐ Change ☐ 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	☐ Change ☐ 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	☐ Change ☐ 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	☐ Change ☐ 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	☐ Change ☐ Addition
NAME	BUCK, RUSSELL L.	6.2 NAME	
STREET ADDRESS	9885 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)(i), 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 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 12 or Block 13 if changed, 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 #)

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