


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 032 \*\*\*\*61.25

<b>DOCUMENT # P04863</b>	
1. Entity Name GLENER LIFE INSURANCE SOCIETY (INCORPORATED)	

Principal Place of Business 5200 WEST U.S. 223 ADRIAN, MI 49221	Mailing Address 5200 WEST U.S. 223 ADRIAN, MI 49221
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 38-0580730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000
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**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMMERSMITH, SUANN D 13052 CROCKETT HWY BLISSFIELD, MI 49228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WADE, MICHAEL J. 5200 WEST U.S. 223 ADRIAN, MI
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST PATTERSON, JEFFREY S 5200 W US 223 ADRIAN, MI 49221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BENNETT, RICHARD 13 LAKEVIEW DR NAPOLEON, OH 43545
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLS, MARK A 1720 S CARBON HILL RD COAL CITY, IL 60416
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SUTTON, DAVID E 12304 W 165TH LOWELL, IN 46356

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **Michael J. Wade** **4/19/07** **(517) 263-2244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gleaner Life Insurance Society  
5200 West U.S. Hwy. 223  
Adrian, Michigan 49221

ATTACHMENT 40095093  
#P04863

We have two additional directors that should be listed. Please note the following:

D

Dudley L. Dauterman  
14691 Cuckle Creek Rd.  
Bowling Green, OH 43402

D

Bill B. Warner  
34 Club House Lane  
Sebring, FL 33876