2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# P04863

Entity Name: GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)

Current Principal Place of Business:

5200 WEST U.S. 223
ADRIAN, MI 49221

New Principal Place of Business:

Current Mailing Address:

5200 WEST U.S. 223
ADRIAN, MI 49221

New Mailing Address:

FEI Number: 38-0580730 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF EXECUTIVE OFFICER
200 E. GAINES ST
P O BIX 6200
TALLAHASSEE, FL 32314 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HAMMERSMITH, SUANN D	
Address:	13052 CROCKETT HWY	
City-St-Zip:	BLISSFIELD, MI 49228	
Title:	PCEO	( ) Delete
Name:	STOUT, ELLSWORTH L	
Address:	5200 WEST U.S. 223	
City-St-Zip:	ADRIAN, MI 49221	
Title:	VST	( ) Delete
Name:	PATTERSON, JEFFREY S	
Address:	5200 W US 223	
City-St-Zip:	ADRIAN, MI 49221	
Title:	D	( ) Delete
Name:	BENNETT, RICHARD	
Address:	13 LAKEVIEW DR	
City-St-Zip:	NAPOLEON, OH 43545	
Title:	D	( ) Delete
Name:	WILLS, MARK A	
Address:	1720 S CARBON HILL RD	
City-St-Zip:	COAL CITY, IL 60416	
Title:	C	( ) Delete
Name:	SUTTON, DAVID E	
Address:	12304 W 165TH	
City-St-Zip:	LOWELL, IN 46356	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BENNETT, RICHARD J	
Address:	P708 COUNTY RD 8	
City-St-Zip:	NAPOLEON, OH 43545	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	C	(X) Change ( ) Addition
Name:	SUTTON, DAVID E	
Address:	12304 W 165TH AVE	
City-St-Zip:	LOWELL, IN 46356	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY S PATTERSON VST 03/19/2009

Electronic Signature of Signing Officer or Director — Date