

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04863

**FILED**  
**Mar 15, 2016**  
**Secretary of State**  
**CC2857393885**

**Entity Name:** GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)

**Current Principal Place of Business:**

5200 WEST U.S. HIGHWAY 223  
ADRIAN, MI 49221

**Current Mailing Address:**

5200 WEST U.S. HIGHWAY 223  
ADRIAN, MI 49221 US

**FEI Number: 38-0580730**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CHIEF EXECUTIVE OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32314 US

*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: KEVIN A. MARTI**

**03/15/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name HAMMERSMITH, SUANN D  
Address 13052 CROCKETT HWY  
City-State-Zip: BLISSFIELD MI 49228

Title PRESIDENT, CEO  
Name MARTI, KEVIN A  
Address 5200 WEST U.S. HIGHWAY 223  
City-State-Zip: ADRIAN MI 49221

Title VP, SECRETARY, TREASURER  
Name PATTERSON, JEFFREY S  
Address 5200 W US 223  
City-State-Zip: ADRIAN MI 49221

Title DIRECTOR  
Name WILLS, MARK A  
Address 1720 S CARBON HILL RD  
City-State-Zip: COAL CITY IL 60416

Title VC  
Name GARNER, TERRY L  
Address 4611 W 1300 S  
City-State-Zip: HANNA IN 46340

Title DIRECTOR  
Name NOE, MARGARET MS  
Address 740 W MAUMEE ST  
City-State-Zip: ADRIAN MI 49221

Title DIRECTOR  
Name WARNER, TODD M  
Address 133 YALE  
City-State-Zip: TOLEDO OH 43614

Title DIRECTOR  
Name SUTTON, DANIEL R  
Address 11620 W 165TH AVE  
City-State-Zip: LOWELL IN 46356

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*I hereby 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 all other like empowered.*

**SIGNATURE: KEVIN A MARTI**

**PRESIDENT & CEO**

**03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            BAKER, DONNA K  
Address        10960 CADMUS RD  
City-State-Zip: CLAYTON MI 49235