

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04863

**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****03/25/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

Title            VP, TREASURER  
Name            ARMSTRONG, KAYLENE SUE  
Address        5200 WEST U.S. HIGHWAY 223  
City-State-Zip: ADRIAN MI 49221

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

Title            VP  
Name            WARNER, TODD MATTHEW  
Address        5200 WEST U.S. HIGHWAY 223  
City-State-Zip: ADRIAN MI 49221

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

**Continues on page 2**

*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: KAYLENE S. ARMSTRONG****VP-FINANCE,  
CONTROLLER &  
TREASURER****03/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CUNNINGHAM, RUSSELL EUGENE  
Address 208 TOWNSHIP RD 14  
City-State-Zip: VAN BUREN OH 45889

Title VP  
Name GOLDEN, ANTHONY DUANE  
Address 5200 WEST U.S. HIGHWAY 223  
City-State-Zip: ADRIAN MI 49221

Title VP  
Name JANOWSKI, BARBARA  
Address 5200 WEST U.S. HIGHWAY 223  
City-State-Zip: ADRIAN MI 49221

Title VP, SECRETARY  
Name ELLIOTT, DEBORAH KAY  
Address 5200 WEST U.S. HIGHWAY 223  
City-State-Zip: ADRIAN MI 49221

Title VP  
Name CHAPMAN, DWAIN ARELL  
Address 5200 WEST U.S. HIGHWAY 223  
City-State-Zip: ADRIAN MI 49221