

2017 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

03/21/2017

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: JEFFREY S. PATTERSONSR VP, FIN & INS
OPERATIONS

03/21/2017

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