2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90021 032 ****61.25

DOCUMENT # P04863

1. Entity Name
GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)

Principal Place of Business	Mailing Address
5200 WEST U.S. 223 ADRIAN, MI 49221	5200 WEST U.S. 223 ADRIAN, MI 49221

DO NOT WRITE IN THIS SPACE

04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number
38-0580730
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMMERSMITH, SUANN D
STREET ADDRESS	13052 CROCKETT HWY
CITY-ST-ZIP	BLISSFIELD, MI 49228
TITLE	PD
NAME	WADE, MICHAEL J.
STREET ADDRESS	5200 WEST U.S. 223
CITY-ST-ZIP	ADRIAN, MI
TITLE	VST
NAME	PATTERSON, JEFFREY S
STREET ADDRESS	5200 W US 223
CITY-ST-ZIP	ADRIAN, MI 49221
TITLE	C
NAME	BENNETT, RICHARD
STREET ADDRESS	13 LAKEVIEW DR
CITY-ST-ZIP	NAPOLEON, OH 43545
TITLE	D
NAME	WILLS, MARK A
STREET ADDRESS	1720 S CARBON HILL RD
CITY-ST-ZIP	COAL CITY, IL 60416
TITLE	D
NAME	SUTTON, DAVID E
STREET ADDRESS	12304 W 165TH
CITY-ST-ZIP	LOWELL, IN 46356

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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 #

ATTACHMENT 40095093
#P04863

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

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