2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

04-29-2008 90087 049 ****61.25

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1. Entity Name

GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)



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Principal Place of Business 5200 WEST U.S. 223 ADRIAN, MI 49221		5200 W	Mailing Address 5200 WEST U.S. 223 ADRIAN, MI 49221				4000	,0 0				
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2. Principal P	Place of Business - No P.O. Box #	3. Mailing) Address								6	
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.				03032008	Chg-NP	(CR2E03	37 (12/06)
City & State		City 8	City & State				4. FEI Numb		730			
Zíp	Country	Zip		Cou	intry		5. Certificate	e of Status Desi	red		\$8.75 A	
	6. Name and Address of Current	t Registered /	Agent				7. Name an	d Address of N	lew Reg		•	
CHIEF FIN	IANCIAL OFFICER				Name C	HIE	F EX	ECUTIV	E €	FF	LER	
P O BOX 6	5200 (32314-6200)						P.O. Box Numb	per is Not Accep	otable)	-		
200 E. GAI TALLAHAS	INES ST SSEE, FL 32399-0000					<i>>\</i> \		<u> </u>				
	,			:	City					FL	Zip Ci	ode
	named entity submits this statement for	or the purpose	of changing its	registere	ed office or	register	ed agent, or be	oth, in the State	of Florid	la. I am	familiar wit	th, and accept
the obligat	tions of registered agent.	<u> </u>	_					-/	1		,	
SIGNATURE .	Lawous X Jan	-V		PRES	SIDENT 8	& CEO		\mathcal{L}	pril	21	, 08	
	Signature, typed or printed name of registered agent	t and title if applica	ble (NOTE	Registered	d Agent signatur	re required	when reinstating)	·		DATE		
Filing Fee is \$61.25 Due by May 1, 2008			Election Campaign Financing Trust Fund Contribution.									
	_						\$5.00 May Added to Fee:				payable	
10.	_	IRECTORS					Added to Fee:		Florida	a Depar	tment of	State
TITLE	OFFICERS AND DI	IRECTORS		11.	ion. (Added to Fee:	s	Florida	a Depar	tment of	State IN 10
	Due by May 1, 2008 OFFICERS AND DI	IRECTORS	Trust Fund C	11. TITLE	ion. (Added to Fee:	s	Florida	a Depar	tment of	State IN 10
TITLE NAME	OFFICERS AND DI D HAMMERSMITH, SUANN D	IRECTORS	Trust Fund C	11. TITLE NAME	ion. (Added to Fee:	s	Florida	a Depar	tment of	State IN 10
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12. Thereby 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 of 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

Dequois Start

PRESIDENT & CEO

Paril 21, 08 (517) 263-2244