

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04863

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: GLEANER LIFE INSURANCE SOCIETY (INCORPORATED)

**Current Principal Place of Business:**

5200 WEST U.S. 223  
ADRIAN, MI 49221

**New Principal Place of Business:**

**Current Mailing Address:**

5200 WEST U.S. 223  
ADRIAN, MI 49221

**New Mailing Address:**

FEI Number: 38-0580730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHIEF EXECUTIVE OFFICER  
200 E. GAINES ST  
P O BOX 6200  
TALLAHASSEE, FL 32314 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HAMMERSMITH, SUANN D  
Address: 13052 CROCKETT HWY  
City-St-Zip: BLISSFIELD, MI 49228

Title: PCEO ( ) Delete  
Name: STOUT, ELLSWORTH L  
Address: 5200 WEST U.S. 223  
City-St-Zip: ADRIAN, MI 49221

Title: VST ( ) Delete  
Name: PATTERSON, JEFFREY S  
Address: 5200 W US 223  
City-St-Zip: ADRIAN, MI 49221

Title: D ( ) Delete  
Name: BENNETT, RICHARD  
Address: 13 LAKEVIEW DR  
City-St-Zip: NAPOLEON, OH 43545

Title: D ( ) Delete  
Name: WILLS, MARK A  
Address: 1720 S CARBON HILL RD  
City-St-Zip: COAL CITY, IL 60416

Title: C ( ) Delete  
Name: SUTTON, DAVID E  
Address: 12304 W 165TH  
City-St-Zip: LOWELL, IN 46356

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BENNETT, RICHARD J  
Address: P708 COUNTY RD 8  
City-St-Zip: NAPOLEON, OH 43545

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: C (X) Change ( ) Addition  
Name: SUTTON, DAVID E  
Address: 12304 W 165TH AVE  
City-St-Zip: LOWELL, IN 46356

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY S PATTERSON

VST

03/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date