

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005350 (2)

1. Corporation Name

WOMAN'S LIFE INSURANCE SOCIETY



Principal Place of Business

Mailing Address

1338 MILITARY ST
PORT HURON MI 48061-5020

PO BOX 5020
PORT HURON MI 48061-5020

3. Date Incorporated or Qualified **11/01/1995** 3a. Date of Last Report **04/06/1897 12/31/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number **38-1185570** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLORIDA INSURANCE COMMISSIONER
200 E. GAINES ST
TALLAHASSEE FL 32399-0300

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CP** DELETE
NAME **WHIPPLE, JANICE U**
STREET ADDRESS **1338 MILITARY ST**
CITY-ST-ZIP **PORT HURON MI 48061-5020**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **STD** DELETE
NAME **HASELMAYER, JOSEPH**
STREET ADDRESS **1338 MILITARY ST**
CITY-ST-ZIP **PORT HURON MI 48061-5020**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **BERRYMAN, DONNA E**
STREET ADDRESS **2163 MONTGOMERY**
CITY-ST-ZIP **MARQUETTE MI 49855**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** DELETE
NAME **ECCKER, MILDREN V**
STREET ADDRESS **10985 MORRISON RD**
CITY-ST-ZIP **DENVER CO 80227-2605**

4.1 TITLE Change Addition
4.2 NAME **ECCKER, MILDRED V**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME **D**
5.3 STREET ADDRESS **MARY ELLEN GOTCHNIK**
5.4 CITY-ST-ZIP **1886 W SHAGAWA ROAD**
ELY MN 55731

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME **D**
6.3 STREET ADDRESS **JEAN ANN PYLE**
6.4 CITY-ST-ZIP **22 5TH STREET**
MCMECHEN WV 26340

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/96

(810) 985-5191

Date

Daytime Phone #

CR2E037 (12/95)