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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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  
1338 MILITARY ST  
PORT HURON MI 48061-5020

Mailing Address  
PO BOX 5020  
PORT HURON MI 48061-5020

3. Date Incorporated or Qualified 11/01/1995  
3a. Date of Last Report 04/06/1897 02/28/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 38-1185570

Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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

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

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

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

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

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

TITLE D  
NAME ECCKER, MILDRED V.  
STREET ADDRESS 10985 MORRISON RD  
CITY - ST - ZIP DENVER CO

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D  
NAME GOTCHNIK, MARY ELLEN  
STREET ADDRESS 1886 W. SHAGAWA ROAD  
CITY - ST - ZIP ELY MN

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D  
NAME PYLE, JEAN AMM  
STREET ADDRESS 22 5TH STREET  
CITY - ST - ZIP MCMECHEN WV

6.1 TITLE  
6.2 NAME PYLE, JEAN ANN  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Joseph Haselmayer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Haselmayer 02/18/97

(810) 985-5191

Date

Daytime Phone # 027692

CR2E037 (9/96)