


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/01/1998 04/06/1897	
4. FEI Number 38-1185570	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**FLORIDA INSURANCE COMMISSIONER
200 E. GAMES ST
TALLAHASSEE FL 32399-0300**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	WHIPPLE, JANICE U	
STREET ADDRESS	1338 MILITARY ST	
CITY-ST-ZIP	PORT HURON MI 48061-5020	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HASELMAYER, JOSEPH	
STREET ADDRESS	1338 MILITARY ST	
CITY-ST-ZIP	PORT HURON MI 48061-5020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERRYMAN, DONNA E	
STREET ADDRESS	2163 MONTGOMERY	
CITY-ST-ZIP	MARQUETTE MI 49855	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ECCKER, MILDRED V.	
STREET ADDRESS	10985 MORRISON RD	
CITY-ST-ZIP	DENVER CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOTCHNIK, MARY ELLEN	
STREET ADDRESS	1886 W. SHAGAWA ROAD	
CITY-ST-ZIP	ELY MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PYLE, JEAN A	
STREET ADDRESS	22 5TH STREET	
CITY-ST-ZIP	MOMECHEN WV	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOFQUIST, DIANE E
2.3 STREET ADDRESS	1338 MILITARY STREET
2.4 CITY-ST-ZIP	PORT HURON MI 48061-5020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Diane E. Lofquist* **Diane E. Lofquist** 02/20/98 (810) 985-5191

CR2E037 (1097)