

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005350

1. Entity Name

WOMAN'S LIFE INSURANCE SOCIETY

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90093 002 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 38-1185570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. 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	LOFQUIST, DIANE E	
STREET ADDRESS	1338 MILITARY ST	
CITY-ST-ZIP	PORT HURON MI 48061	
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	PARADISE, MARGARET	
STREET ADDRESS	3 ENGLISH RD	
CITY-ST-ZIP	ROCHESTER NY 14616	
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	MCMECHEN WV	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 or 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: Diane E. Lofquist Diane E. Lofquist 02/24/00 (810) 985-5191

CR2E037 (9/99)