


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005350		
1. Entity 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	
DO NOT WRITE IN THIS SPACE		



01282004 No Chg-NP CR2E037 (10/03)

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

8. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retaking)

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000067521
02/27/04-80003-709 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP WHIPPLE, JANICE U 1338 MILITARY ST PORT HURON, MI 480615020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOFQUIST, DIANE E 1338 MILITARY ST PORT HURON, MI 48061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASELMAYER, JOSEPH 1455 LAKESHORE ROAD SARNIA, ON n7s 2m4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLL, BRENDA 308 N. 7TH STREET NEW SALEM, ND 58583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTCHNIK, MARY ELLEN 1886 W. SHAGAWA ROAD ELY, MN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PYLE, JEAN A 22 5TH STREET MCMECHEN, WV

DO NOT WRITE IN THIS SPACE

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** 02/23/04 (810) 985-5191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #