


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 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



02042005 No Chg-NP CR2E037 (10/03)

4. FEI Number
38-1185570 Applied For
 Not Applicable

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

6. 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 _____ (NOTE: Registered Agent signature required when reissuing.) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	WHIPPLE, JANICE U
STREET ADDRESS	1338 MILITARY ST
CITY-ST-ZIP	PORT HURON, MI 480615020
TITLE	STD
NAME	LOFQUIST, DIANE E
STREET ADDRESS	1338 MILITARY ST
CITY-ST-ZIP	PORT HURON, MI 48061
TITLE	D
NAME	HASELMAYER, JOSEPH
STREET ADDRESS	1455 LAKESHORE ROAD
CITY-ST-ZIP	SARNIA, ON n7s 2m4
TITLE	D
NAME	DOLL, BRENDA
STREET ADDRESS	308 N. 7TH STREET
CITY-ST-ZIP	NEW SALEM, ND 58563
TITLE	D
NAME	GOTCHNIK, MARY ELLEN
STREET ADDRESS	1886 W. SHAGAWA ROAD
CITY-ST-ZIP	ELY, MN
TITLE	D
NAME	PLYE, JEAN A
STREET ADDRESS	22 5TH STREET
CITY-ST-ZIP	MCMECHEN, WV

DO NOT WRITE IN THIS SPACE

100010243661
 02/25/05-80048-024 61.25

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** 02/24/05 (810) 985-5191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #