

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90015 004 \*\*\*\*61.25

|  |                          |  |   |   |  |             |  |
|--|--------------------------|--|---|---|--|-------------|--|
| <b>DOCUMENT # F95000005350</b>   |                          |  |   |  |  |             |  |
| 1. Entity Name<br>WOMAN'S LIFE INSURANCE SOCIETY   |                          |  |   |   |  |             |  |
| Principal Place of Business<br>1338 MILITARY ST<br>PORT HURON, MI 48061-5020   |                          |  | Mailing Address<br>PO BOX 5020<br>PORT HURON, MI 48061-5020 |   |  |             |  |
| 2. Principal Place of Business - No P.O. Box #   |                          | 3. Mailing Address   |   |   |  |             |  |
| Suite, Apt. #, etc.  |                          | Suite, Apt. #, etc.  |   |   |  |             |  |
| City & State   |                          | City & State   |   | 01312008 Chg-NP CR2E037 (12/06)   |  |             |  |
| Zip  |                          | Country  |   | 4. FEI Number<br>38-1185570   |  |             |  |
|  |                          |  |   | Applied For<br>Not Applicable   |  |             |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                          |  |   | \$8.75 Additional Fee Required  |  |             |  |
| 6. Name and Address of Current Registered Agent  |                          |  | 7. Name and Address of New Registered Agent                 |   |  |             |  |
| CHIEF FINANCIAL OFFICER<br>P O BOX 6200 (32314-6200)<br>200 E. GAINES ST<br>TALLAHASSEE, FL 32399-0000   |                          |  | 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. I am familiar with, and accept the obligations of registered agent.  |                          |  |   |   |  |             |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                          |  |   |   |  |             |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |             |  |
| <b>Make check payable to Florida Department of State</b>   |                          |  |   |   |  |             |  |
| 10. OFFICERS AND DIRECTORS   |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |   |  |             |  |
| TITLE  | CP                       | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |             |  |
| NAME   | WHIPPLE, JANICE U        |  | NAME  | YARD, CHARLENE  |  |             |  |
| STREET ADDRESS   | 1338 MILITARY ST         |  | STREET ADDRESS  | 209 W MAIN ST   |  |             |  |
| CITY-ST-ZIP  | PORT HURON, MI 480615020 |  | CITY-ST-ZIP   | PERU IN 46970   |  |             |  |
| TITLE  | STD                      | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |  |
| NAME   | LOFQUIST, DIANE E        |  | NAME  |   |  |             |  |
| STREET ADDRESS   | 1338 MILITARY ST         |  | STREET ADDRESS  |   |  |             |  |
| CITY-ST-ZIP  | PORT HURON, MI 48061     |  | CITY-ST-ZIP   |   |  |             |  |
| TITLE  | D                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |  |
| NAME   | HASELMAYER, JOSEPH       |  | NAME  |   |  |             |  |
| STREET ADDRESS   | 1455 LAKESHORE ROAD      |  | STREET ADDRESS  |   |  |             |  |
| CITY-ST-ZIP  | SARNIA, ON n7s 2m4       |  | CITY-ST-ZIP   |   |  |             |  |
| TITLE  | D                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |  |
| NAME   | DOLL, BRENDA             |  | NAME  |   |  |             |  |
| STREET ADDRESS   | 308 N. 7TH STREET        |  | STREET ADDRESS  |   |  |             |  |
| CITY-ST-ZIP  | NEW SALEM, ND 58563      |  | CITY-ST-ZIP   |   |  |             |  |
| TITLE  | D                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |  |
| NAME   | DACK, KATHY              |  | NAME  |   |  |             |  |
| STREET ADDRESS   | 2700 S OAK ST            |  | STREET ADDRESS  |   |  |             |  |
| CITY-ST-ZIP  | LAKWOOD, CO 80227        |  | CITY-ST-ZIP   |   |  |             |  |
| TITLE  | D                        | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |             |  |
| NAME   | PYLE, JEAN A             |  | NAME  |   |  |             |  |
| STREET ADDRESS   | 714 GRANT ST             |  | STREET ADDRESS  |   |  |             |  |
| CITY-ST-ZIP  | MC MECHEN, WV 260401216  |  | CITY-ST-ZIP   |   |  |             |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Diane E. Lofquist</u> Diane E. Lofquist  |                          |  | 02/20/08  |   | (810) 985-5191   |             |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                          |  | <small>Date</small>   |   | <small>Daytime Phone #</small>   |             |  |