

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# F95000005350

Entity Name: WOMAN'S LIFE INSURANCE SOCIETY

Current Principal Place of Business:

1338 MILITARY ST
PORT HURON, MI 480615020

New Principal Place of Business:

Current Mailing Address:

PO BOX 5020
PORT HURON, MI 480615020

New Mailing Address:

FEI Number: 38-1185570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: WHIPPLE, JANICE U
Address: 1338 MILITARY ST
City-St-Zip: PORT HURON, MI 480615020

Title: STD () Delete
Name: LOFQUIST, DIANE E
Address: 1338 MILITARY ST
City-St-Zip: PORT HURON, MI 48061

Title: D () Delete
Name: HASELMAYER, JOSEPH
Address: 1455 LAKESHORE ROAD
City-St-Zip: SARNIA, ON N7S 2M4

Title: D () Delete
Name: DOLL, BRENDA
Address: 308 N. 7TH STREET
City-St-Zip: NEW SALEM, ND 58563

Title: D () Delete
Name: DACK, KATHY
Address: 2700 S OAK ST
City-St-Zip: LAKEWOOD, CO 80227

Title: D () Delete
Name: PYLE, JEAN A
Address: 714 GRANT ST
City-St-Zip: MC MECHEN, WV 260401216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MARTIN, CHRISTOPHER J
Address: 1338 MILITARY ST
City-St-Zip: PORT HURON, MI 480615020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DOLL, BRENDA
Address: 308 N 7TH STREET
City-St-Zip: NEW SALEM, ND 58563

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J MARTIN

STD

02/12/2009

Electronic Signature of Signing Officer or Director

_____ Date