

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005350

FILED
Jan 31, 2012
Secretary of State

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
Name: WHIPPLE, JANICE U
Address: 1338 MILITARY ST
City-St-Zip: PORT HURON, MI 480615020

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

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

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

Title: D
Name: DACK, KATHY
Address: 1662 S DEFRAME ST UNIT A2
City-St-Zip: LAKEWOOD, CO 802286018

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

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER J. MARTIN

STD

01/31/2012

Electronic Signature of Signing Officer or Director

Date