

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90954 007 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-1185570**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FLORIDA INSURANCE COMMISSIONER
200 E. GAINES ST
TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
CP WHIPPLE, JANICE U	1338 MILITARY ST	PORT HURON MI 48061-5020	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
STD LOFQUIST, DIANE E	1338 MILITARY ST	PORT HURON MI.48061	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
D HASELMAYER, JOSEPH	1455 LAKESHORE ROAD	SARNIA ON N7S- 2M4	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
D PARADISE, MARGARET	3 ENGLISH RD	ROCHESTER NY 14616	<input checked="" type="checkbox"/>	D DOLL, BRENDA	308 N 7TH STREET	NEW SALEM ND 58563	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D GOTCHNIK, MARY ELLEN	1886 W. SHAGAWA ROAD	ELY MN	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
D PYLE, JEAN A	22 5TH STREET	MCMECHEN WV	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

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 **REQUIRED** Diane E. Lofquist 02/19/03 (810) 985-5191

CR2E037 (10/02)