

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005350

Entity Name: WOMAN'S LIFE INSURANCE SOCIETY

Current Principal Place of Business:

1338 MILITARY ST
PORT HURON, MI 48061-5020

Current Mailing Address:

PO BOX 5020
PORT HURON, MI 48061-5020

FEI Number: 38-1185570

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title PRESIDENT, OFFICER
Name MARTIN, CHRISTOPHER J
Address 1338 MILITARY ST
City-State-Zip: PORT HURON MI 48061-5020

Title SECRETARY, OFFICER
Name CARMODY, JANET J
Address 1338 MILITARY ST
City-State-Zip: PORT HURON MI 48061-5020

Title DIRECTOR
Name LOFQUIST, DIANE E
Address 819 CRYSTAL LN
City-State-Zip: MARYSVILLE MI 48040

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

Title DIRECTOR
Name REGALADO, KATHY
Address 2700 S OAK ST
City-State-Zip: LAKEWOOD CO 80228-2602

Title DIRECTOR
Name PALKA, KAREN R
Address PO BOX 381
City-State-Zip: WASHINGTON MI 48094-0381

Title TREASURER, OFFICER
Name JAGODA, JULIE L
Address 1338 MILITARY ST
City-State-Zip: PORT HURON MI 48061-5020

Title DIRECTOR
Name YARD, CHARLENE J
Address 209 W MAIN ST
City-State-Zip: PERU IN 46970

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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: JULIE JAGODA

NATIONAL TREASURER

01/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STREUKENS, THOMAS D
Address 8352 SHENANDOAH DR
City-State-Zip: TALLAHASSEE FL 32317