

**2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005350

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC5198250325**

**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            DACK, KATHY  
Address        1662 S DEFRAME ST UNIT A2  
City-State-Zip: LAKEWOOD CO 80228-6018

Title            DIRECTOR  
Name            PYLE, JEAN A  
Address        714 GRANT ST  
City-State-Zip: MC MECHEN WV 26040-1216

Title            TREASURER, OFFICER  
Name            NICHOLS, JEREMY D  
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

**Continues on page 2**

*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:** JEREMY NICHOLS

**NATIONAL TREASURER**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            WHIPPLE, JANICE U  
Address        913 DOCKSIDE DR  
City-State-Zip: PORT HURON MI 48060