FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 23 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03919 (8)

1. Corporation Name

WOODMEN OF THE WORLD AND/OR ASSURED LIFE ASSOCIATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9777 S. YOSEMITE ST. #200 LITTLETON CO 80124 US	P.O. BOX 266000 LITTLETON CO 80126-6000 US

3. Date Incorporated or Qualified: 11/02/1984
3a. Date of Last Report: 03/07/1994
4. FEI Number: 84-0356870 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WIEDERSTEIN, JAMES D.	1.2 NAME	
STREET ADDRESS	1382 E NICHOLS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	IOKA, DENNIS S.	2.2 NAME	
STREET ADDRESS	6259 S. IOLA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	COBB, MARCK R.	3.2 NAME	
STREET ADDRESS	3258 E. PHILLIPS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, TIMOTHY A.	4.2 NAME	
STREET ADDRESS	6692 W. FROST AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HOFFMAN, ISABEL	5.2 NAME	
STREET ADDRESS	3933 S. PEARL	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VAUGHN, DALE R.	6.2 NAME	
STREET ADDRESS	3428 CHANTILLY CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE CA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marck R. Cobb 2/24/95 303-792-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marck R. Cobb

0074615