

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P03919 (8)**

1. Corporation Name
WOODMEN OF THE WORLD AND/OR ASSURED LIFE ASSOCIATION, INCORPORATED



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

3. Date incorporated or Qualified: 11/02/1984
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 PO BOX 266000
22 Suite, Apt. #, etc.: 27
23 City & State: 28 HIGHLANDS RANCH, CO
24 Zip: 25 Country: 29 80163-6000 30 USA

4. FEI Number: 84-0356870
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	WIEDERSTEIN, JAMES D. <input type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WIEDERSTEIN, JAMES D.		1.2 NAME: SHARON LOUISE STEWART	
STREET ADDRESS: 1382 E NICHOLS AVE		1.3 STREET ADDRESS: 1220 SW 181 STREET	
CITY-ST-ZIP: LITTLETON CO		1.4 CITY-ST-ZIP: ALOHA, OR 97006	
TITLE: VD	IOKA, DENNIS S. <input type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: IOKA, DENNIS S.		2.2 NAME: SHIRLEY GRACE JOHNSON	
STREET ADDRESS: 6259 S. IOLA WAY		2.3 STREET ADDRESS: 3202 ONRADO STREET	
CITY-ST-ZIP: ENGLEWOOD CO		2.4 CITY-ST-ZIP: TORRENCE, CA 90503	
TITLE: ST	COBB, MARCK R. <input type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: COBB, MARCK R.		3.2 NAME: BARRY FRANK EDMONDS	
STREET ADDRESS: 3258 E. PHILLIPS DR		3.3 STREET ADDRESS: 15 TAYLOR DRIVE	
CITY-ST-ZIP: LITTLETON CO		3.4 CITY-ST-ZIP: EAST HAMPTON, CT 06424	
TITLE: D	SCHWARTZ, TIMOTHY A. <input type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SCHWARTZ, TIMOTHY A.		4.2 NAME: EDWARD CHRISTIAN MADSEN	
STREET ADDRESS: 6692 W. FROST AVE.		4.3 STREET ADDRESS: 3037 TIANA DRIVE	
CITY-ST-ZIP: LITTLETON CO		4.4 CITY-ST-ZIP: SANTA XNEZ, CA 93460	
TITLE: D	HOFFMAN, ISABEL <input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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	VAUGHN, DALE R. <input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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* MARCK R. COBB, TREASURER FEBRUARY 20, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)