

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 23 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 PO BOX 268000 HIGHLANDS RANCH CO 80163-6000 US
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3. Date Incorporated or Qualified  
**11/02/1984**

4. FEI Number  
**84-0356870**

Applied For	Not Applicable
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2. Principal Place of Business  
 21 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

23 City & State  
 28 City & State

24 Zip  
 25 Country  
 29 Zip  
 30 Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  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 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 \_\_\_\_\_ 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	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WIEDERSTEIN, JAMES D.</b>	1.2 NAME	<b>Gary R. Wheeler</b>
STREET ADDRESS	<b>1382 E NICHOLS AVE</b>	1.3 STREET ADDRESS	<b>2837 Michner Dr.</b>
CITY-ST-ZIP	<b>LITTLETON CO</b>	1.4 CITY-ST-ZIP	<b>Fort Collins, CO 80526</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>IOKA, DENNIS S.</b>	2.2 NAME	<b>Loren D. Pettersen</b>
STREET ADDRESS	<b>6250 S. IOLA WAY</b>	2.3 STREET ADDRESS	<b>7429 S. Newport Way</b>
CITY-ST-ZIP	<b>ENGLEWOOD CO</b>	2.4 CITY-ST-ZIP	<b>Englewood, CO 80112</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COBB, MARCK R.</b>	3.2 NAME	
STREET ADDRESS	<b>3258 E. PHILLIPS DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLETON CO</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, TIMOTHY A.</b>	4.2 NAME	
STREET ADDRESS	<b>6692 W. FROST AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LITTLETON CO</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, SHARON LOUISE</b>	5.2 NAME	
STREET ADDRESS	<b>1220 SW 181 ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALOHA OR</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VAUGHN, DALE R.</b>	6.2 NAME	
STREET ADDRESS	<b>3428 CHANTILLY CIRCLE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERSIDE CA</b>	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	<b>RIVERSIDE CA</b>	6.4 CITY-ST-ZIP	

14. 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 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:** *Gary R. Wheeler* **GARY R. WHEELER** February 12, 1998 303-792-9777

CR2E037 (10/97)