

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P03919

1. Corporation Name

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

Principal Place of Business

8777 S. YOSEMITE ST. #200
LITTLETON CO 80124
US

Mailing Address

PO BOX 266000
HIGHLANDS RANCH CO 80163-6000
US

99 MAR -9 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/02/1984
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	84-0356870
24 Country	29 Country	Applied For
	30	Not Applicable

9. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

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	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

303-792-9777

Daytime Phone #

0002074

CR2E037 (11/98)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

DOCUMENT # 8301017

1. Corporation Name
 BLUE CHIP FINANCIAL CORPORATION

Principal Place of Business 170 ROYAL PALM WAY
 BOCA RATON, FL. 33432-7940
Mailing Address 170 ROYAL PALM WAY
 BOCA RATON, FL. 33432-7940

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida JULY 02, 1973
5. FEI Number 59.1488.765
6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required for a Certificate of Status**

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Office and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	CHRIS C. RODIS	170 ROYAL PALM WAY	BOCA RATON, FL. 33432-7940
TREAS	CHRIS C. RODIS	170 ROYAL PALM WAY	BOCA RATON, FL. 33432-7940
VP	CAROLE RODIS	170 ROYAL PALM WAY	BOCA RATON, FL. 33432-7940
SEC	CAROLE RODIS	170 ROYAL PALM WAY	BOCA RATON, FL. 33432-7940

8. Name and Address of Current Registered Agent
 CHRIS C. RODIS
 170 ROYAL PALM WAY
 BOCA RATON, FL. 33432-7940

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Sections 607.05(5), F.S.

Signature of Registered Agent *Chris C. Rodis*
 REGISTERED AGENT MUST SIGN

Date MARCH 08, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in Chapter 607 of F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate taxes and the requirements of Section 607.04(1) or 607.04(1) F.S. that are owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under Section 119.07(3)(a) F.S. The information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Chris C. Rodis* CHRIS C. RODIS MARCH 08, 1999 561.392.2900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Page No.

CHP-001-12-04

CHRIS C. RODIS
PRESIDENT

BLUE CHIP FINANCIAL CORPORATION

INDIVIDUAL AND CORPORATE FINANCIAL CONSULTANTS

561 DRAWER 159 • BOCA RATON, FLORIDA 33429
(407) 392-2900 • FAX: (407) 392-2900 • (800) 733-2901
561

MARCH 08, 1999

FLORIDA DEPARTMENT OF STATE
KATHERINE HARRIS, SECRETARY OF STATE
DIVISION OF CORPORATIONS, CORPORATE RECORDS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

DEAR MADAM:

PLEASE FIND ENCLOSED OUR REINSTATEMENT APPLICATION FULLY COMPLETED ALONG WITH CHECK IN THE AMOUNT OF \$300.00 REPRESENTING THE YEARS 1998-1999.

ON MARCH 04, 1999 I SPOKE WITH MR SHAWN LOGAN, DOCUMENT EXAMINER AND EXPLAINED THAT WE NEVER RECEIVED THE FILING FORM FOR 1998.


AS I STATED TO MR. LOGAN WE HAVE NEVER MISSED FILING SINCE INCORPORATING IN 1973 AND WE FILE WITHIN A WEEK OF RECEIPT.

HE STATED THAT WE SHOULD SEND THREE HUNDRED DOLLARS COVERING 1998 AND 1999 WITH FORM FOR REINSTATEMENT ALONG WITH OUR LETTER EXPLAINING THAT WE NEVER RECIVED THE FILING FORM.

UPON RECEIPT OF THE ABOVE, HE SAID WE WOULD BE DULY REINSTATED.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION AND ASSISTANCE IN THIS REQUEST.

CORDIALLY,



CHRIS C. RODIS

ccr/aiw
encl:
file