

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P03919**

1. Entity Name

WOODMEN OF THE WORLD AND/OR ASSURED LIFE ASSOCIA

Principal Place of Business

Mailing Address

9777 S. YOSEMITE ST. #200
LITTLETON CO 80124
USPO BOX 266000
HIGHLANDS RANCH CO 80163-6000
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

84-0356870

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME WHEELER, GARY R
STREET ADDRESS 2837 MICHNER DR
CITY-ST-ZIP FT COLLINS CO 80526TITLE D ☐ Change ☒ Addition
NAME Johnson, Shirley G
STREET ADDRESS 3202 Onrado St
CITY-ST-ZIP Torrence CA 90503TITLE PD ☐ Delete
NAME WILSON, DAVID
STREET ADDRESS 7997 S. FAIRFAX CT.
CITY-ST-ZIP LITTLETON CO 80122TITLE D ☐ Change ☒ Addition
NAME Edmonds, Barry F
STREET ADDRESS 15 Taylor Dr
CITY-ST-ZIP East Hampton CT 06424TITLE S ☐ Delete
NAME PETTERSEN, LOREN D
STREET ADDRESS 7429 S NEWPORT WAY
CITY-ST-ZIP LITTLETON CO 80112TITLE D ☐ Change ☒ Addition
NAME Kellenberger, Rodney
STREET ADDRESS 4722 E Brown
CITY-ST-ZIP Fresno CA 93703TITLE D ☐ Delete
NAME SCHWARTZ, TIMOTHY A.
STREET ADDRESS 6692 W. FROST AVE.
CITY-ST-ZIP LITTLETON COTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME STEWART, SHARON LOUISE
STREET ADDRESS 1220 SW 181 ST
CITY-ST-ZIP ALOHA ORTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME KIRBY, RICHARD
STREET ADDRESS 5488 TOWER ROAD
CITY-ST-ZIP RIVERSIDE CA 92506TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 16, 2000 8:00 am
Secretary of State

06-16-2000 90111 048 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)