2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03919

Country

THE FLORIDA INSURANCE COMMISSIONER

FILE NOW:

FEE IS \$61.25

WHEELER, GARY R

2837 MICHNER DR

WILSON, DAVID

PD

FT COLLINS CO 80526

7997 S. FAIRFAX CT.

LITTLETON CO 80122

PETTERSEN, LOREN D

7429 S NEWPORT WAY

SCHWARTZ, TIMOTHY A.

STEWART, SHARON LOUISE

LITTLETON CO 80112

6692 W. FROST AVE.

LITTLETON CO

1220 SW 181 ST

KIRBY, RICHARD

5468 TOWER ROAD

ALOHA OR

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

1. Entity:Name

Zip

THE CAPITAL

SIGNATURE

10.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TALLAHASSEE FL 32301

WOODMEN OF THE WORLD AND/OR ASSURED LIFE ASSOCIA

Mailing Address Principal Place of Business 9777 S. YOSEMITE ST. #200 PO BOX 266000 HIGHLANDS RANCH CO 80163-6000 LITTLETON CO 80124 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Feb 06, 2001 8:00 am Secretary of State

02-06-2001 90338 049 ****61.25



RIVERSIDE CA 92506 Big Bear City, CA 92314-2787 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.

CITY-ST-ZIP

Country

Name

City

9. Election Campaign Financing

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Trust Fund Contribution.

Delete

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Delete

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SIGNATURE:

1109 Crystal Mountain Road

H. Owen Miller

*303-192-97*77