2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03919

#: Entity Name

WOODMEN OF THE WORLD AND/OR ASSURED LIFE ASSOCIA TION, INCORPORATED

Principal Place of Busin	ness
9777 S. YOSEMITE ST. 4 LITTLETON CO 80124	⊭200

Mailing Address

PO BOX 266000

HIGHLANDS RANCH CO 80163-6000

2. Principal Place	of Business	3. Mailing Address	s	
Suite, Apt. #, e	tc.	Suite, Apt. #, e	etc.	
City & State		City & State		
Zip	Country	Zip	Country	
	Name and Address of Cu			

FILED May 29, 2002 8:00 am Secretary of State

05-29-2002 90678 023 ****61.25



Principal Place of Business 3. Mailing Address									
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE						
City & Sta	ate	City & State			9/L09E6970			oplied For	
Zip	Country	Zip Country			5. Certificate of Status Desired \$8.75 Additional				
	6. Name and Address of Curren	t Registered Agent		·	Fee Required 7. Name and Address of New Registered Agent				
	,	- regiotorea Agent	N:	ame	7. Name and Add	ress of New Registere	a Agent		
THE FLORIDA INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)					
			"	·y		F	L Zip Coo	de .	
SIGNATURE	Signature, typed or printed name of registered agen	9. Election Ca			\$5.00 May Be Added to Fees		eck Payable		
10.	OFFICERS AND D	RECTORS	11.	<u> </u>	ADDITIONS (CHANGE	S TO OFFICERS AND	DIDECTORS IN	140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHEELER, GARY R 2837 MICHNER DR FT COLLINS CO 80526	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI		2 E. COUNTY COLLINS, C	ROAD 36	KX Change	N 10 ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, DAVID 7997 S. FAIRFAX CT. LITTLETON CO 80122	□ Delete	TITLE NAME STREET ADD CITY-ST-ZIF	1013	9 S. WELCH C EWOOD, CO 80		KX Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	S PETTERSEN, LOREN D 7429 S NEWPORT WAY LITTLETON CO 80112	XX Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	SECF JERO 4202	RETARY DME L. CHRIS 2 DEER WATCH	TENSEN DRIVE	☐ Change	Addition	
	D SCHWARTZ, TIMOTHY A. 6692 W. FROST AVE. LITTLETON CO	XX Delete	TITLE NAME STREET ADDI CITY-ST-ZIP	CHAR 1855	ELFOR ^{OCK} , CO RLES R. PEDEI 50 HOOD AVENU WOOD, IL 604	RSON Je	☐ Change	XXAddition	
STREET ADDRESS CITY-ST-ZIP	D Stewart, Sharon Louise 1220 SW 181 St Aloha Or	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	SHAR 6957	RON L. GRAALU 'SW 149TH CO	JM DURT	KX Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, RICHARD 5468 TOWER ROAD RIVERSIDE CA 92506	☐ Delete	TITLE NAME STREET ADDR	ESS			☐ Change	Addition	

I nereby 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

MAY 8TH, 2002

Date

Daytime Phone #