

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03919

**Entity Name:** ASSURED LIFE ASSOCIATION, INCORPORATED**Current Principal Place of Business:**6030 GREENWOOD PLAZA BLVD  
SUITE 100  
ENGLEWOOD, CO 80111**Current Mailing Address:**PO BOX 3169  
ENGLEWOOD, CO 80155-3169 US**FEI Number:** 84-0356870**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT, TREASURER  
Name WHEELER, GARY R  
Address 7251 CRYSTAL DOWNS DR  
City-State-Zip: WINDSOR CO 80550

Title SECRETARY, VICE PRESIDENT  
Name MULLER, DIANE  
Address 10529 JAGUAR DR  
City-State-Zip: LITTLETON CO 80124

Title VICE PRESIDENT  
Name CHRISTENSEN, JEROME L  
Address 4202 DEER WATCH DRIVE  
City-State-Zip: CASTLE ROCK CO 80104

Title DIRECTOR  
Name OURY, DOUGLAS H  
Address PO BOX 418  
City-State-Zip: TABERNASH CO 80478-0418

Title DIRECTOR  
Name FOREMAN, LANCE C  
Address 2748 BLACK CANYON WAY  
City-State-Zip: CASTLE ROCK CO 80109-4723

Title CHAIRMAN  
Name UNREIN, TANYA S  
Address 875 CONDOR ROAD  
City-State-Zip: EATON CO 80614

Title DIRECTOR  
Name KELLENBERGER, RODNEY D  
Address 4722 E BROWN AVE  
City-State-Zip: FRESNO CA 93703-1623

Title DIRECTOR  
Name CLOUD, CHARLES R  
Address 1045 HIGH STREET  
City-State-Zip: GLADSTONE OR 97027

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DIANE L MULLER**SECRETARY****03/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name JORGENSEN, PAUL D  
Address 4284 AVALON  
City-State-Zip: EUGENE OR 97402

Title DIRECTOR  
Name YORK, CHRIS A  
Address 207 WALDEN RIDGE DR  
City-State-Zip: HINCKLEY OH 44322