

2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03919

Entity Name: WOODMEN OF THE WORLD AND/OR ASSURED LIFE ASSOCIATION, INCORPORATED**Current Principal Place of Business:**6030 GREENWOOD PLAZA BLVD
SUITE 100
ENGLEWOOD, CO 80111**Current Mailing Address:**6030 GREENWOOD PLAZA BLVD
SUITE 100
ENGLEWOOD, CO 80111 US**FEI Number: 84-0356870****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
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 PT
Name WHEELER, GARY R
Address 1532 SANDY LANE
City-State-Zip: WINDSOR CO 80550

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

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

Title C
Name OURY, DOUGLAS H
Address 1667 COUNTY ROAD 5221
City-State-Zip: TABERNASH CO 80478

Title D
Name FOREMAN, LANCE C
Address 911 WEST KETTLE AVENUE
City-State-Zip: LITTLETON CO 80120

Title D
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 NORTH, TIMOTHY O
Address 220 PONCE DE LEON BLVD
City-State-Zip: BELLEAIR FL 33756

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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**VP OF OPERATIONS****02/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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