

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03919

**FILED
Mar 13, 2019
Secretary of State
5882708217CC**

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

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

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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

SECRETARY

03/13/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name HILL, BILLY B JR.
Address 4117 CANOAS DR
City-State-Zip: AUSTIN TX 78730