

**2024 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03919

**Entity Name:** ASSURED LIFE ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

6025 S QUEBEC ST  
SUITE 320  
CENTENNIAL, CO 80111

**Current Mailing Address:**

6025 S QUEBEC ST  
SUITE 320  
CENTENNIAL, CO 80111 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            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            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

Title            DIRECTOR  
Name            GIAMBRA, ERNEST T  
Address        4 BELLEVIEW BLVD  
                  UNIT 301  
City-State-Zip: BELLEAIR FL 33756

*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**

**02/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date