

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03919

**FILED**  
**Feb 27, 2017**  
**Secretary of State**  
**CC0271368188**

**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            CHAIRMAN  
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            DIRECTOR  
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**

**02/27/2017**

\_\_\_\_\_  
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