

1.) CORPORATION NAME:

The Navigators

DUE DATE: **7/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0246332**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3820 N 30TH ST PO BOX 6000
ATTN CORPORATE AFFAIRS

CITY/ST/ZIP: COLORADO SPRINGS, CO 80934

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	W DOUGLAS NUENKE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	US PRES		
ADDRESS:	3820 N. 30TH STREET		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80904		
NAME:	MICHAEL W H TRENEER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	INT'L PRESIDENT		
ADDRESS:	3820 N. 30TH STREET		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80904		
NAME:	CARY HILL HUMPHRIES JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3820 N. 30TH STREET		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80904		
NAME:	LEON A NEUMANN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3820 N. 30TH STREET		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80904		
NAME:	DG ELMORE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	3820 N. 30TH STREET		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80904		
NAME:	DR LEITH ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3820 N 30TH STREET		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80904		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CARL J CAMP DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRY L CARTER DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES CHANDLER DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARRET HANK DANOS DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELMER HUH DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DR JOHN H ISCH DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRI ANN JENSEN DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF JONES DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LARRY LEITNER DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AL MIYASHITA DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STORMY K MORRISON DIRECTOR 3820 N 30TH STREET COLORADO SPRINGS, CO 80904	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	PENN PENDLETON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3820 N 30TH STREET		
CITY/ST/ZIP/CO:	COLORADO SPRINGS, CO 80904		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LEON A NEUMANN	LEON A NEUMANN, TREASURER	6/6/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.