

1.) CORPORATION NAME:

ASSURED LIFE ASSOCIATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **8/31/2011**

SCC ID NO: **F1047614**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8000 E MAPLEWOOD AVE
STE 105

CITY/ST/ZIP: GREENWOOD VILLAGE, CO 80111-

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: GARY R WHEELER
TITLE: P/T
ADDRESS: 8000 E MAPLEWOOD AVE
STE 105
CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111-

OFFICER

DIRECTOR

NAME: DIANE L MULLER
TITLE: CORP S/VP
ADDRESS: 8000 E MAPLEWOOD AVE
STE 105
CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111-

OFFICER

DIRECTOR

NAME: DOUGLAS H OURY
TITLE: CHAIRMAN
ADDRESS: 1667 COUNTRY RD 5221
CITY/ST/ZIP/CO: TABERNASH, CO 80478-

OFFICER

DIRECTOR

NAME: LANCE C FOREMAN
TITLE: VICE CHAIRMAN
ADDRESS: 911 WEST KETTLE AVENUE
CITY/ST/ZIP/CO: LITTLETON, CO 80120-

OFFICER

DIRECTOR

NAME: TANYA S UNREIN
TITLE: DIRECTOR
ADDRESS: 875 CONDOR ROAD
CITY/ST/ZIP/CO: EATON, CO 80615-

OFFICER

DIRECTOR

NAME: CHARLES R CLOUD TITLE: DIRECTOR ADDRESS: 1045 HIGH STREET CITY/ST/ZIP/CO: GLADSTONE, OR 97027-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PAUL D JORGENSEN TITLE: DIRECTOR ADDRESS: 4284 AVALON CITY/ST/ZIP/CO: EUGENE, OR 97402-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RODNEY D KELLENBERGER TITLE: DIRECTOR ADDRESS: 4722 E BROWN AVE CITY/ST/ZIP/CO: FRESNO, CA 93703-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JEROME L CHRISTENSEN TITLE: VICE PRESIDENT ADDRESS: 8000 E MAPLEWOOD AVE STE 105 CITY/ST/ZIP/CO: GREENWOOD VILLAGE, CO 80111-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: TIMOTHY O NORTH TITLE: DIRECTOR ADDRESS: 220 POUNCE DE LEON BLVD CITY/ST/ZIP/CO: BELLEAIR, FL 33756-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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.		
<u>/s/ DIANE L MULLER</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DIANE L MULLER, CORP S/VP</u> PRINTED NAME AND CORPORATE TITLE	<u>7/6/2011</u> 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.		