

1.) CORPORATION NAME:

**ASSURED LIFE ASSOCIATION**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**BANK OF AMERICA CENTER**

**16TH FLOOR, 1111 EAST MAIN STREET**

SCC ID NO: **F1047614**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CO**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6030 GREENWOOD PLAZA BLVD  
STE 100

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	P/T		
ADDRESS:	6030 GREENWOOD PLAZA BLVD		
	STE 100		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		

NAME:	JEROME L CHRISTENSEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6030 GREENWOOD PLAZA BVLD		
	STE 100		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		

NAME:	DIANE L MULLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CORP S/VP		
ADDRESS:	6030 GREENWOOD PLAZA BLVD		
	STE 100		
CITY/ST/ZIP/CO:	GREENWOOD VILLAGE, CO 80111		

NAME:	LANCE C FOREMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	911 WEST KETTLE AVENUE		
CITY/ST/ZIP/CO:	LITTLETON, CO 80120		

NAME:	DOUGLAS H OURY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	1667 COUNTRY RD 5221		
CITY/ST/ZIP/CO:	TABERNASH, CO 80478		

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: 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
NAME: TANYA S UNREIN TITLE: DIRECTOR ADDRESS: 875 CONDOR ROAD CITY/ST/ZIP/CO: EATON, CO 80615	<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.		
/s/ DIANE L MULLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIANE L MULLER, CORP S/VP PRINTED NAME AND CORPORATE TITLE	6/26/2012 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.		