

1.) CORPORATION NAME:

Woodmen Insurance Agency, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1560848**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1700 FARNAM ST
WOODMEN TOWER STE 2700

CITY/ST/ZIP: OMAHA, NE 68102

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM J MANIFOLD JR	
TITLE:	PRESIDENT	
ADDRESS:	1700 FARNAM ST	
CITY/ST/ZIP/CO:	OMAHA, NE 68102-2002	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL O BERRY	
TITLE:	SECRETARY	
ADDRESS:	1700 FARNAM ST	
CITY/ST/ZIP/CO:	OMAHA, NE 68102	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAT DEES	
TITLE:	DIRECTOR	
ADDRESS:	1700 FARNAM ST	
CITY/ST/ZIP/CO:	OMAHA, NE 68102	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	S JAMES PATTERSON	
TITLE:	DIRECTOR	
ADDRESS:	1700 FARNAM ST	
CITY/ST/ZIP/CO:	OMAHA, NE 68102-2002	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Annette M Devine	
TITLE:	TREASURER	
ADDRESS:	1700 Farnam St	
CITY/ST/ZIP/CO:	Omaha, NE 68102-2002	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Jordan Mawson	
TITLE:	ASST TREASURER	
ADDRESS:	1700 Farnam St	
CITY/ST/ZIP/CO:	Omaha, NE 68102-2002	

NAME: Tim Buderus TITLE: DIRECTOR ADDRESS: 1700 Farnam St CITY/ST/ZIP/CO: Omaha, NE 68102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Pasquale Frappampina TITLE: DIRECTOR ADDRESS: 1700 Farnam St CITY/ST/ZIP/CO: Omaha, NE 68102-2002	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Elvis O Anderson TITLE: DIRECTOR ADDRESS: 1700 Farnam St CITY/ST/ZIP/CO: Omaha, NE 68102-2002	<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/ Jordan Mawson SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Jordan Mawson, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	7/10/2013 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.		