

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213547547

1.) CORPORATION NAME:

**Woodmen Foundation**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1726167**

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:

**NE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1700 FARNAM ST  
STE 2757

CITY/ST/ZIP: OMAHA, NE 68102-2003

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:	PAMELA J HERNANDEZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 FARNAM ST		
	STE 2757		
CITY/ST/ZIP/CO:	OMAHA, NE 68102-2003		

NAME:	LARRY R KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/DTR		
ADDRESS:	1700 FARNAM ST STE 2757		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		

NAME:	ANNETTE M DEVINE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1700 FARNAM ST		
	STE 2757		
CITY/ST/ZIP/CO:	OMAHA, NE 68102-2003		

NAME:	S JAMES PATTERSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1700 FARNAM ST		
	STE 2757		
CITY/ST/ZIP/CO:	OMAHA, NE 68102-2003		

NAME:	PATRICK L DEES	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1700 FARNAM ST		
	STE 2757		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		

NAME: ROBERT L MAHER TITLE: TREASURER ADDRESS: 1700 FARNAM ST STE 2757 CITY/ST/ZIP/CO: OMAHA, NE 68102	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JORDAN MAWSON TITLE: ASST TREASURER ADDRESS: 1700 FARNAM ST STE 2757 CITY/ST/ZIP/CO: OMAHA, NE 68102	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WESLEY A DODD JR TITLE: DIRECTOR ADDRESS: 1700 FARNAM ST STE 2757 CITY/ST/ZIP/CO: OMAHA, NE 68102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DARYL J DOISE TITLE: DIRECTOR ADDRESS: 1700 FARNAM ST STE 2757 CITY/ST/ZIP/CO: OMAHA, NE 68102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN B JONES TITLE: DIRECTOR ADDRESS: 1700 FARNAM ST STE 2757 CITY/ST/ZIP/CO: OMAHA, NE 68102	<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	10/14/2013 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.		