



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 71379		2. Name of Corporation Western United Life Assurance Company		
3. Street Address Principal Business Office 929 W. Sprague Ave.		City Spokane	State WA	Zip 99201
4. Business Phone No. (509) 835-2855		5. State of Incorporation Washington		
6. Brief Description of the Character of Business Conducted in Rhode Island Purchasing Real Estate Receivables, Perfecting its Security Interest in Properties, Collecting Payments				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Dale Whitney		Vice President Name Scott Cordell		
Street Address 929 W. Sprague Ave.		Street Address 929 W. Sprague Ave.		
City Spokane	State WA	Zip 99201	City Spokane	State WA
Secretary Name Lynn Ciani		Treasurer Name Dave Luhn		
Street Address 929 W. Sprague Ave.		Street Address 929 W. Sprague Ave.		
City Spokane	State WA	Zip 99201	City Spokane	State WA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Wayne C. Metcalf III		Director Name		
Street Address 929 W. Sprague Ave.		Street Address		
City Spokane	State WA	Zip 99201	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
5,000,000	common	\$1.00	Number of Shares	Class/Series
5,000,000	preferred	\$10.00	3,513,348	common
10,000,000	preferred	\$1.00	5,000,000	Series A
			459,746	Series B
				\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. MAR 24 2008
By
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Date 3/17/08
Wayne C. Metcalf III
Print or Type Name
Chief Deputy Receiver
Title