



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



00190516

DUE ON OR BEFORE 10/12/2000

FY00-01

FILING FEE \$10.00

The following information is required by A.R.S. §10-1622 & §10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §10-121.A. & §10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

-0038145-8

1. **ARIZONA ASSOCIATION OF LIFE UNDERWRITERS**  
**% SECHLER CPA PC**  
**921 E ORANGE DR**  
**PHOENIX, AZ 85014-3236**

NAME CHANGE:

NATIONAL ASSOCIATION OF  
INSURANCE AND FINANCIAL  
ADVISERS \_ ARIZONA

Business Phone: \_\_\_\_\_ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

RECEIVED

2. Arizona Statutory Agent: **DAVID G DAVIES**  
Street Address: **4350 E CAMELBACK RD STE 170C**  
(NOT P.O. BOX)  
City, State, Zip: **PHOENIX AZ 85018-**

AUG 15 2000

ARIZONA CORP. COM. MISSION  
CORPORATIONS DIVISION

IPR 87160 Use this box only if appointing a new Statutory Agent

ACC USE ONLY

Fee \$ 10  
Penalty \$ \_\_\_\_\_  
Reinstate \$ \_\_\_\_\_  
Expedite \$ \_\_\_\_\_  
Resubmit \$ \_\_\_\_\_

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are  
**REQUIRED** to complete  
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting          | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising         | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace           | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture         | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture        | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance     | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction        | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor          | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection  | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education          | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering        | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment      | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care        | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel        | <input type="checkbox"/> 35. Transportation                  |
| <input type="checkbox"/> 17. Import/Export      | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance          | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services     | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |   |
|---|
| <input type="checkbox"/> 1. Charitable  |
| <input type="checkbox"/> 2. Benevolent  |
| <input type="checkbox"/> 3. Educational   |
| <input type="checkbox"/> 4. Civic   |
| <input type="checkbox"/> 5. Political   |
| <input type="checkbox"/> 6. Religious   |
| <input type="checkbox"/> 7. Social  |
| <input type="checkbox"/> 8. Literary  |
| <input type="checkbox"/> 9. Cultural  |
| <input type="checkbox"/> 10. Athletic   |
| <input type="checkbox"/> 11. Science/Research   |
| <input type="checkbox"/> 12. Hospital/Health Care   |
| <input type="checkbox"/> 13. Agricultural   |
| <input type="checkbox"/> 14. Animal Husbandry   |
| <input type="checkbox"/> 15. Homeowner's Association  |
| <input checked="" type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 17. Other _____  |

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

NONE ☒

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**7. OFFICERS****Please Type or Print Clearly.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: SEE ATTACHED:

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**8. DIRECTORS****Please Type or Print Clearly.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: SEE ATTACHED:

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Date taking office: \_\_\_\_\_

Date taking office: \_\_\_\_\_

**NATIONAL ASSN OF INSURANCE AND FINANCIAL ADVISERS – ARIZONA**  
**(Formerly Arizona Association of Life Underwriters)**

**Officers and Directors**  
**For the year ending June 30, 2000**

**Officers:**

**President:**

Myles K. Beck, LUTCF  
PO Box 13069  
Tucson, AZ 85732

**Vice-President:**

Jim L. Bennett, LUTCF  
6033 W. Bell Rd. Suite J  
Glendale, AZ 85308

**Secretary:**

Dick Wenzel, LUTCF  
6057 E. Grant #101  
Tucson, AZ 85712

**Treasurer:**

Robert J. Westbrook, LUTCF  
4300 N. Miller Rd. #250  
Scottsdale, AZ 85251

**Past President:**

Barry A. McBride  
4350 E. Camelback Rd #B-210  
Phoenix, AZ 85018

**President Elect:**

Richard J. Thanig, LUTF  
5066 N. Pacita Del Lazo  
Tucson, AZ 85710

**Directors:**

**Executive Director:**

Patricia Chesebrough, CAE  
Box 4728  
Scottsdale, AZ 85261

John J. Brooking, CFP  
PO Box 21  
Tempe, AZ 85280

Robert A. Bryant, Sr., LUTCF  
12213 W. Bell Rd., Suite 212  
Surprise, AZ 85374

Douglas McMurry, LUTCF  
777 W. Southern Ave., #501  
Mesa, AZ 85210

Jeff S. Barbanell, CLU, LUTCF  
3900 E. Camelback Rd., #605  
Phoenix, AZ 85018

Eugene R. Bentley  
250 W. 24<sup>th</sup> St. #K  
Yuma, AZ 85364

Marvin D. Loos, CLU  
PO Box 6690  
Glendale, AZ 85321

Jerylynne L. Davis, CLU  
PO Box 31582  
Tucson, AZ 85751

Henry Grosjean  
4255 W. Glendale Ave., #D-103  
Glendale, AZ 85051

Harry Markham, LUTCF  
6929 E. Greenway Pkw. #195  
Scottsdale, AZ 85254

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**SECHLER, CPA, PC**  
**CERTIFIED PUBLIC ACCOUNTANT**  
**A PROFESSIONAL CORPORATION**

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Date: 8/8/00

**Arizona Corporation Commission**

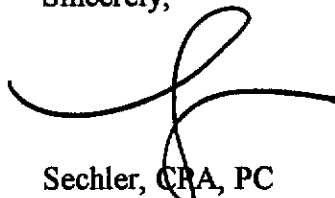
RE: Annual report of National Association of Insurance and Financial  
Advisers - Arizona  
As Of June 30, 2000

We have compiled the statement of financial condition-balance sheet (Section H) of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any other form of assurance.

These financial statements are presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Sincerely,



Sechler, CPA, PC  
Certified Public Accountants

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921 E. ORANGE DR., #2, PHOENIX, AZ 85014-3236  
PHONE: 602-230-2700 FAX: 602-230-2705  
e-mail: [carolyns@home.com](mailto:carolyns@home.com)

08/07/00

**NAIFA - Arizona**  
**Balance Sheet**  
 As of June 30, 2000

|                                       | Jun 30, '00      |
|---------------------------------------|------------------|
| <b>ASSETS</b>                         |                  |
| Current Assets                        |                  |
| Checking/Savings                      |                  |
| AALU Withholding                      | 222.71           |
| Bank of America                       | 6,087.54         |
| Oppenheimer Fund                      | 43,118.10        |
| Total Checking/Savings                | 49,428.35        |
| Other Current Assets                  |                  |
| Marketable Securities                 |                  |
| Arizona Builder fund                  | 23,288.51        |
| Total Marketable Securities           | 23,288.51        |
| Total Other Current Assets            | 23,288.51        |
| Total Current Assets                  | 72,716.86        |
| Fixed Assets                          |                  |
| Office Equipment                      |                  |
| Equipment                             |                  |
| Accumulated Depreciation              | -13,223.00       |
| Equipment - Other                     | 14,646.18        |
| Total Equipment                       | 1,423.18         |
| Total Office Equipment                | 1,423.18         |
| Total Fixed Assets                    | 1,423.18         |
| <b>TOTAL ASSETS</b>                   | <b>74,140.04</b> |
| <b>LIABILITIES &amp; EQUITY</b>       |                  |
| Liabilities                           |                  |
| Current Liabilities                   |                  |
| Other Current Liabilities             |                  |
| State Withholding Taxes               | 537.96           |
| Unearned Income                       | 51,039.00        |
| Total Other Current Liabilities       | 51,576.96        |
| Total Current Liabilities             | 51,576.96        |
| Total Liabilities                     | 51,576.96        |
| Equity                                |                  |
| Net Assets                            |                  |
| Temporarily Restricted                | 23,288.51        |
| Unrestricted                          | 7,962.85         |
| Total Net Assets                      | 31,251.36        |
| Opening Bal Equity                    | 2.04             |
| Net Income                            | -8,690.32        |
| Total Equity                          | 22,563.08        |
| <b>TOTAL LIABILITIES &amp; EQUITY</b> | <b>74,140.04</b> |

**9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)**

Only nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

**9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.**

This corporation **does** ☒ **does not** ☐ have members.

**10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

(a) fraud or registration provisions of the securities laws of that jurisdiction, or

(b) the consumer fraud laws of that jurisdiction, or

(c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

**YES** ☐

**NO** ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box must be marked:

**YES** ☐

**NO** ☒

Chapter \_\_\_\_\_ Date Filed \_\_\_\_\_ Case Number \_\_\_\_\_

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above.

- 1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was incorporated b) transacted business. 3) The dates of corporate operation.

**12. SIGNATURES**

**CAUTION:** Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

|                                |                     |                              |                     |
|--------------------------------|---------------------|------------------------------|---------------------|
| Name <u>MYLES K. BECK</u>      | Date <u>8/11/00</u> | Name <u>DICK WENZEL</u>      | Date <u>8/11/00</u> |
| Signature <u>Myles K. Beck</u> |                     | Signature <u>Dick Wenzel</u> |                     |
| Title <u>PRESIDENT</u>         |                     | Title <u>SECRETARY</u>       |                     |

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)