FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **825136** **(5)**

1. Corporation Name
CUNA MUTUAL LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2000 HERITAGE WAY WAVERLY IOWA 50677	2000 HERITAGE WAY WAVERLY IOWA 50677

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1972

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip 24 | Country 25

Zip 29 | Country 30

4. FEI Number
42-0388260
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	T/D	☒ Change ☐ Addition
NAME	CUGINI, JOSEPH N.		1.2 NAME	Cugini, Joseph N	
STREET ADDRESS	5910 MINERAL POINT ROAD		1.3 STREET ADDRESS	5910 Mineral Point Road	
CITY-ST-ZIP	MADISON WI		1.4 CITY-ST-ZIP	Madison, WI 53705	
TITLE	TD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SPRINGER, NEIL A.		2.2 NAME	Springer, Neil A	
STREET ADDRESS	5910 MINERAL POINT ROAD		2.3 STREET ADDRESS	5910 Mineral Point Road	
CITY-ST-ZIP	MADISON WI		2.4 CITY-ST-ZIP	Madison, WI 53705	
TITLE	COOP	☐ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	LENTZ, KEVIN T.		3.2 NAME	Bryan, James L	
STREET ADDRESS	2000 HERITAGE WAY		3.3 STREET ADDRESS	5910 Mineral Point Road	
CITY-ST-ZIP	WAVERLY IA		3.4 CITY-ST-ZIP	Madison, WI 53705	
TITLE	S	☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	DAUBS, MICHAEL S.		4.2 NAME	Buckingham, Robert M	
STREET ADDRESS	5910 MINERAL POINT ROAD		4.3 STREET ADDRESS	2000 Heritage Way	
CITY-ST-ZIP	MADISON WI		4.4 CITY-ST-ZIP	Waverly, IA 50677	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Robert M. Buckingham April 29 1998 (319) 352-4090