

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
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DOCUMENT # **825136** (5)
1. Corporation Name
CUNA MUTUAL LIFE INSURANCE COMPANY



Principal Place of Business 2000 HERITAGE WAY WAVERLY IOWA 50677	Mailing Address 2000 HERITAGE WAY WAVERLY IOWA 50677
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1972	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 42-0388260	Applied For ☐ Not Applicable
23. Zip	24. Country	28. Zip	29. Country	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	85. Zip Code FL

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

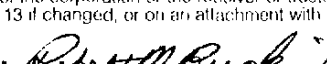
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

CR2E034 (10/97)