2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003
Secretary of State

DOCUMENT# 825136

Entity Name: CUNA MUTUAL LIFE INSURANCE COMPANY

Current Principal Place of Business:

2000 HERITAGE WAY
WAVERLY, IA 50677

New Principal Place of Business:

Current Mailing Address:

2000 HERITAGE WAY
WAVERLY, IA 50677

New Mailing Address:

FEI Number: 42-0388260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER OF FLORIDA
STATE CAPITOL
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: HOLLEY, JEFFREY D
Address: 5910 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53705

Title: DC ( ) Delete
Name: BRYAN, JAMES L
Address: 5910 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53705

Title: COOP ( ) Delete
Name: KOENIG, REID A
Address: 2000 HERITAGE WAY
City-St-Zip: WAVERLY, IA

Title: S ( ) Delete
Name: PATZNER, FAYE A
Address: 5910 MINERAL POINT RD
City-St-Zip: MADISON, WI 53705

Title: P ( ) Delete
Name: KITCHEN, MICHAEL B
Address: 5910 MINERAL POINT RD
City-St-Zip: MADISON, WI 53705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AT (X) Change ( ) Addition
Name: CARLSON, TIMOTHY L
Address: 2000 HERITAGE WAY
City-St-Zip: WAVERLY, IA 50677

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY L. CARLSON AT 03/05/2003

Electronic Signature of Signing Officer or Director — Date