

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Nancy H. McArthur  
Secretary of State  
1000 BANKERS BUILDING  
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # 843378

(1)

1. Corporation Name

MEMBERS LIFE INSURANCE COMPANY

FILED  
MAY 1 1995

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

|                                                                                     |                     |                                                                                           |                                                                     |
|-------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Previous Place of Business                                                          |                     | Mailing Address                                                                           |                                                                     |
| ATTN: KAREN STEINDORF<br>5910 MINERAL POINT ROAD (P.O. BOX 391)<br>MADISON WI 53705 |                     | ATTN: KAREN STEINDORF<br>5910 MINERAL POINT ROAD (P.O. BOX 391)<br>MADISON WI 53705       |                                                                     |
| 2. This year's Report of Operations                                                 | 2a. Mailing Address | 3. Date of Incorporation or Reincorporation                                               | 3a. Date of Last Report                                             |
| 21                                                                                  | 26                  | 06/04/1979                                                                                | 04/29/1994                                                          |
| 22                                                                                  | 27                  | 4. FIC Number                                                                             | Applied For                                                         |
| 23                                                                                  | 28                  | 39-1236386                                                                                | Not Applicable                                                      |
| 24                                                                                  | 29                  | 5. Certificate of Status Desired                                                          | \$8.75 Additional Fee Required                                      |
| 25                                                                                  | 30                  | 6. Election Campaign Financing Trust Fund Contributions                                   | \$5.00 May Be Added to Fees                                         |
| 26                                                                                  | 31                  | 7. Does corporation have liability for intangible tax under FS 199.032, Florida Statutes? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

9. Name and Address of Current Registered Agent

BITTLE, LARRY E  
2265 KING JAMES CT  
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

01. Name  
02. Street Address (If FIC Number is Not Applicable)  
03. City  
04. State  
05. Zip Code

11. Pursuant to the provisions of sections 600.01 and 600.02, Florida Statutes, the undersigned corporation hereby certifies that the purpose of changing its registered office or registered agent or both in this State of Florida is to change its registered office or registered agent or both in this State of Florida, and to accept the appointment of the new registered agent or both in this State of Florida.

SIGNATURE \_\_\_\_\_

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS                                                               | 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS                             |
| NAME: C<br>CCANTERBURY, RALPH B.<br>2012 BROAD HILL FARMS ROAD<br>MOON TOWNSHIP PA 15108 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: VC<br>LYNCH, ROBERT T.<br>20158 COACHWOOD ROAD<br>RIVERVIEW MI 48192               | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: P<br>HEINS, RICHARD M.<br>5910 MINERAL PT RD<br>MADISON, WISC 00000                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: V<br>RUSCH, ROBERT K.<br>5910 MINERAL POINT RD<br>MADISON WI                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: T<br>WILSON, LARRY T.<br>333 SAINT ALBANS DRIVE<br>RALEIGH NC 27609                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: S<br>SPRINGER, NEIL A.<br>1946 BRENTWOOD LANE EAST<br>WHEATON IL 60187-8544        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME: President<br>Michael B. Kitchen<br>5910 Mineral Point Road<br>Madison, WI 53705    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the undersigned is duly qualified to act as a registered agent or both in this State of Florida. I further certify that the information indicated on this report of operations and annual report is true and correct, and that the undersigned has the same legal office as of the date of filing. I am an officer or director of the corporation, or the registered agent or both, and my name appears in Block 12 or Block 13 of this report of operations and annual report.

SIGNATURE: *Linda J. Lehnertz* Linda J. Lehnertz  
SIGNATURE AND TYPE OF PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR  
4/25/95 (608) 238-5851