

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 05 1997 8:00am  
Secretary of State

DOCUMENT # 843378 (1)  
1. Corporation Name  
MEMBERS LIFE INSURANCE COMPANY

Principal Place of Business

ATTN: BARB MONSON 3H-6  
5910 MINERAL POINT ROAD (P.O. BOX 391)  
MADISON WI 53705

Mailing Address

ATTN: BARB MONSON 3H-6  
5910 MINERAL POINT ROAD (P.O. BOX 391)  
MADISON WI 53705-4456



3. Date Incorporated or Qualified 06/04/1979	3a. Date of Last Report 03/12/1996
4. FEI Number 39-1236386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME CCANTERBURY, RALPH B.  
STREET ADDRESS 2012 BROAD HILL FARMS ROAD  
CITY-ST-ZIP MOON TOWNSHIP PA 15108

TITLE VC ☐ DELETE

NAME LYNCH, ROBERT T.  
STREET ADDRESS 5910 MINERAL POINT ROAD  
CITY-ST-ZIP MADISON WE 53705

TITLE P ☐ DELETE

NAME KITCHEN, MICHAEL B.  
STREET ADDRESS 5910 MINERAL PT RD  
CITY-ST-ZIP MADISON, WISC 00000

TITLE V ☐ DELETE

NAME RUSCH, ROBERT K.  
STREET ADDRESS 5910 MINERAL POINT RD  
CITY-ST-ZIP MADISON WI

TITLE VC ☐ DELETE

NAME WILSON, LARRY T.  
STREET ADDRESS 5910 MINERAL POINT ROAD  
CITY-ST-ZIP MADISON WI 53705

TITLE T ☐ DELETE

NAME SPRINGER, NEIL A.  
STREET ADDRESS 5910 MINERAL POINT ROAD  
CITY-ST-ZIP MADISON WI 53705

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 or is attached, or on an attachment with an address.

SIGNATURE

Robert K. Rusch

4/22/97

(608) 229-5851

CR2E034 (9/96)