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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90204 049 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843378

1. Corporation Name

MEMBERS LIFE INSURANCE COMPANY



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1979

4. FEI Number

39-1236386

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAMS, R S
3773 COMMONWEALTH BLVD
TALL FL 32303**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **CANTERBURY, R B**
STREET ADDRESS **2012 BROAD HILL FARMS ROAD**
CITY-STATE-ZIP **MOON TOWNSHIP PA 15108**

TITLE **D** ☐ DELETE

NAME **LYNCH, ROBERT T.**
STREET ADDRESS **5910 MINERAL POINT ROAD**
CITY-STATE-ZIP **MADISON WI 53705**

TITLE **P** ☐ DELETE

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

TITLE **VP** ☐ DELETE

NAME **MURPHY, M A**
STREET ADDRESS **5910 MINERAL POINT RD**
CITY-STATE-ZIP **MADISON WI 53705**

TITLE **C** ☐ DELETE

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

TITLE **VC** ☐ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Diane M. Konz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

608/238-5851

Daytime Phone #

CR2E034 (11/98)