

843378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

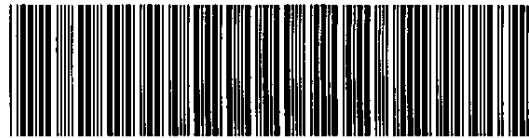
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300184526793

08/23/10--01029--002 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 AUG 23 AM 9:00

RA/RD/chs  
@ 8/24/10

Diana L. Schultz  
Sr. Law Specialist  
Office of General Counsel  
Phone: 608-231-8606  
E-mail: diana.schultz@cunamutual.com  
Fax: 608-236-8606



August 20, 2010

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: MEMBERS Life Insurance Company - #843378 FEIN 39-1236386  
Florida Statute 624.422

In viewing the Department of State, Division of Corporations, website for the above insurance company information, the registered agent listed is an individual, R.S. Williams.

Under Florida Statute 624.422(1), the registered agent for insurance companies is the Florida Chief Financial Officer. In accordance with Florida Statute 624.422(2), in June of 2007, the Form 12, Uniform Consent to Service of Process, was filed with the Office of Insurance Regulation providing the name of the individual to whom any process served against MEMBERS Life Insurance Company can be forwarded.

I called the Corporate Amendments office, Filing Section, and asked that the website information be updated to the Chief Financial Officer. I was asked to file the enclosed Statement of Change of Registered Agent, Form CR2E045. Also, enclosed is a check for \$35. We will appreciate the website for the Department of State, Division of Corporations, being updated for this insurance company to reflect that the Chief Financial Officer is the registered agent.

If you should need anything further in this regard, do not hesitate to contact me.

Yours truly,

A handwritten signature in black ink, appearing to read 'Diana Schultz', written over a horizontal line.

Diana L. Schultz  
Sr. Law Specialist

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Iowa in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: MEMBERS Life Insurance Company
2. The principal office address: 2000 Heritage Way, Waverly, IA 50677
3. The mailing address (if different): 5910 Mineral Point Road, Madison, WI 53705-4456

4. Date of incorporation/qualification: 06/04/1979 Document number: 843378

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

R. S. Williams

3773 Commonwealth Boulevard

Tallahassee, FL 32303

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Chief Financial Officer

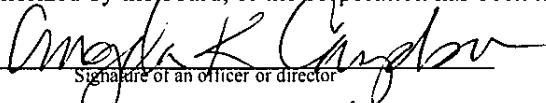
200 East Gaines Street

P.O. Box NOT acceptable

Tallahassee, FL 32399

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

8-20-10  
Angela K. Campbell, Assistant Secretary  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
10 AUG 23 AM 9:00