2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 843378

Entity Name: MEMBERS LIFE INSURANCE COMPANY

FILED Jan 08, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
ATTN: LAURIE CARLSON 3B-2 5910 MINERAL POINT ROAD (P.O. BOX 391) MADISON, WI 53705				ATTN: LAURIE CARLSON 4 C5+1 5910 MINERAL POINT ROAD MADISON, WI 53705 US			
Current Mailing Address:				New Mailing Address:			
ATTN: LAURIE CARLSON 3B-2 5910 MINERAL POINT ROAD (P.O. BOX 391) MADISON, WI 53705				ATTN: LAURIE CARLSON 4 C5+1 5910 MINERAL POINT ROAD MADISON, WI 53705 US			
FEI Number:	: 39-1236386	FEI Number Applied For()	FEI Num	nber Not Appl	icable ()	Certificate of Status D	esired()
Name and	l Address of C	urrent Registered Agent:		Name and	Address of Ne	ew Registered Age	nt:
TALLAHAS The above	MONWEALTH SSEE, FL 3230 named entity s		urpose of	f changing i	ts registered off	īce or registered ag	ent, or both,
	e of Florida. 						
SIGNATU		ic Signature of Registered Ager	nt			 Date	
						2 3.00	
	mpaign Financing S AND DIREC	Trust Fund Contribution ().		ADDITION	IS/CHANGES T	O OFFICERS AND	DIRECTORS
Title:		Delete		Title:		Change () Addition	DINEGRA
Name: Address: City-St-Zip:	CANTERBURY,	R B ILL FARMS ROAD		Name: Address: City-St-Zip:		Shange () Addition	
Title: Name: Address: City-St-Zip:	D () HANLEY, RUDO 5910 MINERAL MADISON, WE	POINT ROAD		Title: Name: Address: City-St-Zip:	D (X) 0 MCDONNELL, BI 5910 MINERAL F MADISON, WI 5	POINT ROAD	
Title: Name: Address: City-St-Zip:	P () KITCHEN, MICH 5910 MINERAL MADISON, WI	POINT ROAD		Title: Name: Address: City-St-Zip:	P (X) 0 KITCHEN, MICHA 5910 MINERAL F MADISON, WI 5	POINT ROAD	
Title: Name: Address: City-St-Zip:	S () PATZNER, FAY 5910 MINERAL MADISON, WI	POINT ROAD		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	T () HOLLEY, JEFF 5910 MINERAL MADISON, WI	POINT ROAD		Title: Name: Address: City-St-Zip:	()(Change () Addition	
Title: Name: Address: City-St-Zip:	SVP () BLANCHARD, L 5910 MINERAL MADISON, WI	POINT ROAD		Title: Name: Address: City-St-Zip:	AS (X) (CARLSON, LAUF 5910 MINERAL F MADISON, WI 5	POINT ROAD	

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: LAURIE M. CARLSON AS 01/08/2003