

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000004673 (0)

1. Corporation Name

CUNA MUTUAL INSURANCE AGENCY, INC.



Principal Place of Business

5910 MINERAL POINT RD.  
MADISON WI 53705

Mailing Address

5910 MINERAL POINT RD.  
ATTN: KAREN STEINDORF  
MADISON WI 53705  
US

2. Principal Place of Business

2a. Mailing Address

21 ATTN: Barb Monson 3H-6  
Suite, Apt. #, etc.

26 ATTN: Barb Monson 3H-6  
Suite, Apt. #, etc.

22 5910 Mineral Point Road

27 5910 Mineral Point Road

23 Madison, WI

28 Madison, WI

24 53705  
Country US

29 53705  
Country US

9. Name and Address of Current Registered Agent

FAULKNER, ED  
202 ATHERSTONE CT.  
LONGWOOD FL 32779

3. Date Incorporated or Qualified  
10/18/1993

3a. Date of Last Report  
05/01/1995

4. FEI Number

39-1205591

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 in permanent office of registered agent and then if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | CD                        | <input type="checkbox"/> DELETE |
| NAME           | CENTERBURY, RALPH B       |                                 |
| STREET ADDRESS | 2012 BROAD HILL FARMS RD. |                                 |
| CITY-ST-ZIP    | MOON TOWNSHIP PA 15108    |                                 |
| TITLE          | VCD                       | <input type="checkbox"/> DELETE |
| NAME           | LYNCH, ROBERT T           |                                 |
| STREET ADDRESS | 20158 COACHWOOD RD.       |                                 |
| CITY-ST-ZIP    | RIVERVIEW MI 48192        |                                 |
| TITLE          | DC                        | <input type="checkbox"/> DELETE |
| NAME           | BROXTERMAN, W F           |                                 |
| STREET ADDRESS | 1440 ROSECRANS AVE.       |                                 |
| CITY-ST-ZIP    | MANHATTAN BEACH CA 90266  |                                 |
| TITLE          | D                         | <input type="checkbox"/> DELETE |
| NAME           | SHULTZ, ROSEMARY M        |                                 |
| STREET ADDRESS | 1100 DUPONT PLAZA         |                                 |
| CITY-ST-ZIP    | BELLINGHAM WA             |                                 |
| TITLE          | P                         | <input type="checkbox"/> DELETE |
| NAME           | KITCHEN, MICHAEL B.       |                                 |
| STREET ADDRESS | 5910 MINERAL POINT RD     |                                 |
| CITY-ST-ZIP    | MADISON WI                |                                 |
| TITLE          | V                         | <input type="checkbox"/> DELETE |
| NAME           | RUSCH, ROBERT K           |                                 |
| STREET ADDRESS | 5910 MINERAL POINT RD.    |                                 |
| CITY-ST-ZIP    | MADISON WI 53705          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Ralph B. Canterbury     |  |
| 1.3 STREET ADDRESS | 5910 Mineral Point Road |  |
| 1.4 CITY-ST-ZIP    | Madison, WI 53705       |  |
| 2.1 TITLE          | CD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Robert T. Lynch         |  |
| 2.3 STREET ADDRESS | 5910 Mineral Point Road |  |
| 2.4 CITY-ST-ZIP    | Madison, WI 53705       |  |
| 3.1 TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | W. F. Broxterman        |  |
| 3.3 STREET ADDRESS | 5910 Mineral Point Road |  |
| 3.4 CITY-ST-ZIP    | Madison, WI 53705       |  |
| 4.1 TITLE          |                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                         |  |
| 4.3 STREET ADDRESS | 5910 Mineral Point Road |  |
| 4.4 CITY-ST-ZIP    | Madison, WI 53705       |  |
| 5.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                         |  |
| 5.3 STREET ADDRESS |                         |  |
| 5.4 CITY-ST-ZIP    |                         |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/96

(608) 238-5851

Date Daytime Phone #

CR2E034 (12/95)