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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

ATTN: BARB NONSON 3H-6
5910 MINERAL POINT ROAD
MADISON WI 53705

Mailing Address

ATTN: BARB NONSON 3H-6
5910 MINERAL POINT ROAD
MADISON WI 53705-4456

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

03/12/1996

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

9. Name and Address of Current Registered Agent

FAULKNER, ED
202 ATHERSTONE CT.
LONGWOOD FL 32779

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 D
NAME CENTERBURY, RALPH B
STREET ADDRESS 5910 MINERAL POINT ROAD
CITY-ST-ZIP MADISON WI 53705 ☐ DELETE

TITLE CD
NAME LYNCH, ROBERT T
STREET ADDRESS 5910 MINERAL POINT ROAD
CITY-ST-ZIP MADISON WI 53705 ☐ DELETE

TITLE D
NAME BROXTERMAN, W F
STREET ADDRESS 5910 MINERAL POINT ROAD
CITY-ST-ZIP MADISON WI 53705 ☐ DELETE

TITLE D
NAME SHULTZ, ROSEMARY M
STREET ADDRESS 5910 MINERAL POINT ROAD
CITY-ST-ZIP MADISON WI 53705 ☐ DELETE

TITLE P
NAME KITCHEN, MICHAEL B.
STREET ADDRESS 5910 MINERAL POINT RD
CITY-ST-ZIP MADISON WI ☐ DELETE

TITLE V
NAME RUSCH, ROBERT K
STREET ADDRESS 5910 MINERAL POINT RD.
CITY-ST-ZIP MADISON WI 53705 ☐ DELETE

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 if changed, or on an attachment with an address.

SIGNATURE:

Robert K. Rusch

4/22/97

(608) 228-5951

CR2E034 (9/96)