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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

*Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9300004673

TITLE

NAME

STREET ADDRESS

SIGNATURES

CITY-ST-ZIP

RUSCH, ROBERT K

MADISON WI 53705

5910 MINERAL POINT RD.

CUNA MUTUAL INSURANCE AGENCY, INC.

Principal Place of Business			Ma	Mailing Address					1							
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3773 COMMONWEALTH BLVD							Stre	Street Address (P.O. Box Number is Not Acceptable)								
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	Signature, typed or pr	rinted name of registered agent			(NOTE: Re	<u>: </u>	int signat	nte required	when reinstating)		ANGES TO		RS AN	D DIREC	TOR	 S IN 12
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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 changed, or on an attachment with an address, with all other like empowered.

RECDiane M. DKonz

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4/20/99

608/238-5851

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90205 005 ***150.00