2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# F93000004673

Entity Name: CUNA MUTUAL INSURANCE AGENCY, INC.

Current Principal Place of Business:

ATTN: LAURIE CARLSON 4 C5+1
5910 MINERAL POINT ROAD
MADISON, WI 53705 US

New Principal Place of Business:

KATHY CHIONO 5910 4 C5+1
5910 MINERAL POINT ROAD
MADISON, WI 53705 US

Current Mailing Address:

ATTN: LAURIE CARLSON 4 C5+1
5910 MINERAL POINT ROAD
MADISON, WI 53705 US

New Mailing Address:

KATHY CHIONO 5910 4 C5+1
5910 MINERAL POINT ROAD
MADISON, WI 53705 US

FEI Number: 39-1205591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, RONALD
3773 COMMONWEALTH BLVD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	CANTERBURY, RALPH B	
Address:	2025 BROAD HILL FARMS ROAD	
City-St-Zip:	MOON TOWNSHIP, PA 15108 US	
Title:	D	( ) Delete
Name:	PEPPERS, CLARK A	
Address:	5910 MINERAL POINT ROAD	
City-St-Zip:	MADISON, WI 53705 US	
Title:	P	( ) Delete
Name:	KITCHEN, MICHAEL B	
Address:	5910 MINERAL POINT RD	
City-St-Zip:	MADISON, WI 53705 US	
Title:	S	( ) Delete
Name:	PATZNER, FAYE A	
Address:	5910 MINERAL POINT RD	
City-St-Zip:	MADISON, WI 53705 US	
Title:	T	( ) Delete
Name:	HOLLEY, JEFFREY D	
Address:	5910 MINERAL POINT RD	
City-St-Zip:	MADISON, WI 53705 US	
Title:	AS	( ) Delete
Name:	CARLSON, LAURIE M	
Address:	5910 MINERAL POINT RD	
City-St-Zip:	MADISON, WI 53705 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	DOYLE, JANICE C	
Address:	5910 MINERAL POINT RD	
City-St-Zip:	MADISON, WI 53705 US	

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: JANICE C DOYLE AS 04/06/2004

Electronic Signature of Signing Officer or Director — Date