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2012 AUG 22 AM 8: 12

J. SAULSBERRY EXAMINER AUG 23 2012



Diane M. Fisher
Sr Law Specialist
Office of General Counsel

Phone: 608/231-7533 Fax: 608/236-7533

E-mail: diane.fisher@cunamutual.com

TO: Florida Department	& State
DATE: <u>August 14, 2012</u>	

SUBJECT: TruStage Insurance Agency, LLC (a foreign limited liability company)

Enclosed please find an application for certificate of authority on behalf of the above-referenced limited liability company

If you have any questions about the filing, please contact me at the following address or by telephone or e-mail as set forth in the upper left-hand corner of this letter.

5910 Mineral Point Road Madison, WI 53705

Enclosed please find ____ check(s) in the amount(s) of \$_/\(\lambda \) DO ____ to cover the filing fees associated with this filing.

An extra copy of the filing is enclosed. I would appreciate receiving a copy of the approved filing in the enclosed self-addressed, stamped envelope.

Thank you for your time and consideration.

Diane M. Fisher

Diane M. Fisher

enclosures



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HARILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	IMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
1.	TruStage Insurance Agency, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
	(Name of Foreign Limited Liability Company; must include Limited Liability Company, E.L.C., of ELC.)	
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writer onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")	
2.	Jowa 3. 46-0674398	
	(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
4.	07/27/2012 5. Perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	Upon qualification	
0.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	7
7.	2000 Heritage Way, Waverly, Iowa 50677	:A -e*
	SET O TO THE SET OF TH	
	(Street Address of Principal Office)	- 4
8.	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here	
9.	The name and usual business addresses of the managing members or managers are as follows:	
	CMFG Life Insurance Company	
	5910 Mineral Point Road	
	Madison, Wisconsin 53705	
the	 Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unslation of the certificate under oath of the translator must be submitted.) 	sin
11	Nature of business or purposes to be conducted or promoted in Florida:	
	To act as an insurance agency engaged in marketing and selling insurance products.	
	Suleali.	
	Signature of a member or an authorized representative of a member.	
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	
	document to the Department of State constitutes a third degree felony as provided for in \$ 817.155. F.S.)	

Typed or printed name of signee

Steven R. Suleski, SVP

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	rance Agency, LLC	ty Company	18:		
If unavailab	le, the alternate to be us	sed in the sta	ate of Florida is:		
2. The nam	e and the Florida street	address of th	ne registered agent	and office are:	2012 AUG 22 SECRETARY TALLAHASSI
	C T Corporation Syster	n			NS ASS
	1200 South Pinc Island	Road			AM 8º 12 YOF STATE LE. FLORIDI
Florida Street Address (P.O. Box NOT ACCEPTABLE)					10A 2
	Plantation	<u>-</u>	FL 33324		_
			City/State/Zip		
liability com agent and ag relating to th	n named as registered ag pany at the place design gree to act in this capaci he proper and complete p of my position as register C T Corporati	ated in this c ty. I further c performance red agent as p	ertificate, I hereby agree to comply wi of my duties, and I	accept the appoin th the provisions of am familiar with a	tment as registered If all statutes and accept the
	By: Rebecca F	3 a th			
		(Signature))		
	\$		iling Fee for Appl		
	\$	25.00 D	esignation of Reg	istered Agent	

Certified Copy (optional)

Certificate of Status (optional)

\$ 25.00 \$ 30.00

5.00

IOWA SECRETARY OF STATE MATT SCHULTZ



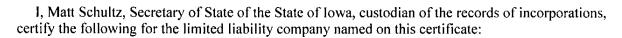
CERTIFICATE OF EXISTENCE

Date: 7/31/2012

Name: TRUSTAGE INSURANCE AGENCY, LLC (489DLC - 440529)

Date of Incorporation: 7/27/2012

Duration: PERPETUAL



- a. The entity is in existence and duly incorporated under the laws of lowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS69878

To validate certificates visit: sos.iowa.gov/ValidateCertificate

Matt Schultz, Iowa Secretary of State