#### 2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000004771

Entity Name: TRUSTAGE INSURANCE AGENCY, LLC

## Current Principal Place of Business:

2000 HERITAGE WAY WAVERLY, IA 50677

# **Current Mailing Address:**

5910 MINERAL POINT ROAD MADISON, WI 53705 US

# FEI Number: 46-0674398

#### Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

## Authorized Person(s) Detail :

| Title           | MEMBER                        | Title           | TREASURER                       |
|-----------------|-------------------------------|-----------------|---------------------------------|
| Name            | CMFG LIFE INSURANCE COMPANY   | Name            | BORAKOVE, BRIAN                 |
| Address         | 2000 HERITAGE WAY             | Address         | 2000 HERITAGE WAY               |
| City-State-Zip: | WAVERLY IA 50677              | City-State-Zip: | WAVERLY IA 50677                |
|                 |                               |                 |                                 |
|                 |                               |                 |                                 |
| Title           | SECRETARY                     | Title           | PRESIDENT                       |
| Title<br>Name   | SECRETARY<br>BARBATO, PAUL D. | Title<br>Name   | PRESIDENT<br>SWEITZER, DAVID L. |
|                 |                               |                 |                                 |
| Name            | BARBATO, PAUL D.              | Name            | SWEITZER, DAVID L.              |

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL D. BARBATO

SECRETARY

04/17/2021 Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 17, 2021 Secretary of State 4113234074CC

Date

Certificate of Status Desired: No