

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805208

Entity Name: CMFG LIFE INSURANCE COMPANY**Current Principal Place of Business:**5910 MINERAL POINT ROAD
MADISON, WI 53705**Current Mailing Address:**5910 MINERAL POINT ROAD
MADISON, WI 53705 US**FEI Number:** 39-0230590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	TRUNZO, ROBERT
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

Title	PRESIDENT & CEO
Name	TRUNZO, ROBERT
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

Title	EVP, CHIEF INVESTMENT OFFICER
Name	BROWN, DAVID G
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

Title	SVP, CHIEF LEGAL OFFICER
Name	ANDERSON, MICHAEL F.
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

Title	SECRETARY
Name	BARBATO, PAUL D.
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

Title	TREASURER
Name	BORAKOVE, BRIAN
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

Title	DIRECTOR
Name	WINGER, LAUREEN
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

Title	DIRECTOR
Name	SWEITZER, DAVID L.
Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705

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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 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 all other like empowered.

SIGNATURE: PAUL D. BARBATO**SECRETARY****03/22/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CAMERON, AMY
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title SVP, CHIEF LEGAL OFFICER
Name BARBATO, PAUL D.
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name BARBATO, PAUL D.
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705