

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843378

Entity Name: MEMBERS 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:** 39-1236386**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 EAST GAINES STREET
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 RODRIGUEZ, ABIGAIL R.
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 DIRECTOR
Name KARLS, WILLIAM
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

Title PRESIDENT
Name SWEITZER, DAVID L.
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

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

Title DIRECTOR
Name ANDERSON, MICHAEL F.
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****04/26/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title ASSISTANT TREASURER
Name CONWAY, KRISTINE M.
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title ASSISTANT SECRETARY
Name CAMPBELL, ANGELA
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705