

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004673

Entity Name: CUNA MUTUAL INSURANCE AGENCY, INC.**Current Principal Place of Business:**5910 MINERAL POINT RD.
MADISON, WI 53705**Current Mailing Address:**5910 MINERAL POINT RD.
MADISON, WI 53705 US**FEI Number:** 39-1205591**Certificate of Status Desired:** No**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_____
Date**Officer/Director Detail :**

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

Title DIRECTOR, PRESIDENT
Name ISAACSON, JAY
Address 5910 MINERAL POINT RD.
City-State-Zip: MADISON WI 53705

Title SECRETARY
Name SULESKI, STEVEN R.
Address 5910 MINERAL POINT RD.
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name WYDICK, BENJAMIN T.
Address 5910 MINERAL POINT RD.
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name DOUGLAS, CAMI A.
Address 5910 MINERAL POINT RD.
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name KAAS, BRIAN
Address 5910 MINERAL POINT RD.
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name WALLACE, JOHN H.
Address 5910 MINERAL POINT RD.
City-State-Zip: MADISON WI 53705

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: STEVEN R. SULESKI**SECRETARY****03/30/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date