

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805208

FILED
Apr 05, 2010
Secretary of State

Entity Name: CUNA MUTUAL INSURANCE SOCIETY

Current Principal Place of Business:

5910 MINERAL POINT ROAD
MADISON, WI 53705 US

New Principal Place of Business:

Current Mailing Address:

5910 MINERAL POINT ROAD
MADISON, WI 53705 US

New Mailing Address:

FEI Number: 39-0230590 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D P
Name: POST, JEFF DIRPRES
Address: 5910 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53705 US

Title: SEC
Name: PATZNER, FAYE A SEC
Address: 5910 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53705 US

Title: TREA
Name: PAVELICH, GERALD W TREAS
Address: 5910 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53705 US

Title: DIR
Name: ARNOLD, ELDON R DIR
Address: 5910 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53705 US

Title: DIR
Name: BURD, LORETTA M DIR
Address: 5910 MINERAL POINT ROAD
City-St-Zip: MADISON, WI 53705

Title: DIR
Name: ECKHARDT, WILLIAM B DIR
Address: 5910 MINERAL POINT ROAD
City-St-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: LAURA LOUIS

POA

04/05/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date