

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 04, 2011  
Secretary of State**

DOCUMENT# 805208

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

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: AS  
Name: CAMPBELL, ANGELA  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705

Title: AS  
Name: SULESKI, STEVEN R  
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

10/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date