## 2018 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: NOT APPLICABLE

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 US Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Title	DIRECTOR	Title	DIRECTOR
Name	SULESKI, STEVEN R.	Name	ANDERSON, MICHAEL F.
Address	5910 MINERAL POINT ROAD	Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705	City-State-Zip:	MADISON WI 53705
Title	DIRECTOR	Title	TREASURER
Name	BROWN, DAVID G	Name	MERFELD, THOMAS J.
Address	5910 MINERAL POINT ROAD	Address	5910 MINERAL POINT ROAD
City-State-Zip:	MADISON WI 53705	City-State-Zip:	MADISON WI 53705
Title	DIRECTOR	Title	SECRETARY
Title Name	DIRECTOR MERFELD, THOMAS J.	Title Name	SECRETARY SULESKI, STEVEN R.
Name	MERFELD, THOMAS J.	Name	SULESKI, STEVEN R.
Name Address City-State-Zip:	MERFELD, THOMAS J. 5910 MINERAL POINT ROAD MADISON WI 53705	Name Address	SULESKI, STEVEN R. 5910 MINERAL POINT ROAD
Name Address City-State-Zip: Title	MERFELD, THOMAS J. 5910 MINERAL POINT ROAD MADISON WI 53705 PRESIDENT & CEO	Name Address City-State-Zip:	SULESKI, STEVEN R. 5910 MINERAL POINT ROAD MADISON WI 53705
Name Address City-State-Zip: Title Name	MERFELD, THOMAS J. 5910 MINERAL POINT ROAD MADISON WI 53705 PRESIDENT & CEO TRUNZO, ROBERT	Name Address City-State-Zip: Title	SULESKI, STEVEN R. 5910 MINERAL POINT ROAD MADISON WI 53705 DIRECTOR
Name Address City-State-Zip: Title	MERFELD, THOMAS J. 5910 MINERAL POINT ROAD MADISON WI 53705 PRESIDENT & CEO	Name Address City-State-Zip: Title Name	SULESKI, STEVEN R. 5910 MINERAL POINT ROAD MADISON WI 53705 DIRECTOR TRUNZO, ROBERT

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

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 02, 2018 Secretary of State CC9004686461

Date