

**FILE NOW: FILING FEE AFTER MAY 1 IS \$500.00**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 805208 (6)**  
 1. Corporation Name  
**CUNA MUTUAL INSURANCE SOCIETY**



Principal Place of Business: **ATTN: BARB MONSON 3H-6 P.O. BOX 391 ( 5910 MINERAL POINT RD. ) MADISON WI 53701-0391**  
 Mailing Address: **ATTN: BARB MONSON 3H-6 P.O. BOX 391 ( 5910 MINERAL POINT RD. ) MADISON WI 53701-0391**

3. Date Incorporated or Qualified: **06/12/1940**      3a. Date of Last Report: **03/12/1996**  
 4. FEI Number: **39-0230590**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**BITTLE, LARRY E**  
**2265 KING JAMES CT**  
**WINTER PARK FL 32792**

10. Name and Address of New Registered Agent  
 81 Name: \_\_\_\_\_  
 82 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 83 \_\_\_\_\_  
 84 City: \_\_\_\_\_ **FL** 85 Zip Code: \_\_\_\_\_

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | DELETED                  |
|----------------------------|---------------------------------|--------------------------|
| TITLE                      | <b>C</b>                        | <input type="checkbox"/> |
| NAME                       | <b>CANTERBURY, RALPH B.</b>     |                          |
| STREET ADDRESS             | <b>5910 MINERAL POINT ROAD</b>  |                          |
| CITY-ST-ZIP                | <b>MADISON WI 53705</b>         |                          |
| TITLE                      | <b>VC</b>                       | <input type="checkbox"/> |
| NAME                       | <b>LYNCH, ROBERT T.</b>         |                          |
| STREET ADDRESS             | <b>5910 MINERAL POINT ROAD</b>  |                          |
| CITY-ST-ZIP                | <b>MADISON WI 53705</b>         |                          |
| TITLE                      | <b>P</b>                        | <input type="checkbox"/> |
| NAME                       | <b>KITCHEN, MICHAEL B.</b>      |                          |
| STREET ADDRESS             | <b>5910 MINERAL PT. RD</b>      |                          |
| CITY-ST-ZIP                | <b>MADISON WI</b>               |                          |
| TITLE                      | <b>VP</b>                       | <input type="checkbox"/> |
| NAME                       | <b>RUSCH, ROBERT K</b>          |                          |
| STREET ADDRESS             | <b>5910 MINERAL POINT RD</b>    |                          |
| CITY-ST-ZIP                | <b>MADISON WI</b>               |                          |
| TITLE                      | <b>T</b>                        | <input type="checkbox"/> |
| NAME                       | <b>WILSON, LARRY T.</b>         |                          |
| STREET ADDRESS             | <b>5910 MINERAL POINT ROAD</b>  |                          |
| CITY-ST-ZIP                | <b>MADISON WI 53705</b>         |                          |
| TITLE                      | <b>S</b>                        | <input type="checkbox"/> |
| NAME                       | <b>SPRINGER, NEIL A.</b>        |                          |
| STREET ADDRESS             | <b>1946 BRENTWOOD LANE EAST</b> |                          |
| CITY-ST-ZIP                | <b>WHEATON IL 60187-8544</b>    |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 1.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME  |  |                          |                          |
| 1.3 STREET ADDRESS                                    |  |                          |                          |
| 1.4 CITY-ST-ZIP                                       |  |                          |                          |
| 2.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME  |  |                          |                          |
| 2.3 STREET ADDRESS                                    |  |                          |                          |
| 2.4 CITY-ST-ZIP                                       |  |                          |                          |
| 3.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME  |  |                          |                          |
| 3.3 STREET ADDRESS                                    |  |                          |                          |
| 3.4 CITY-ST-ZIP                                       |  |                          |                          |
| 4.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME  |  |                          |                          |
| 4.3 STREET ADDRESS                                    |  |                          |                          |
| 4.4 CITY-ST-ZIP                                       |  |                          |                          |
| 5.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME  |  |                          |                          |
| 5.3 STREET ADDRESS                                    |  |                          |                          |
| 5.4 CITY-ST-ZIP                                       |  |                          |                          |
| 6.1 TITLE   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME  |  |                          |                          |
| 6.3 STREET ADDRESS                                    |  |                          |                          |
| 6.4 CITY-ST-ZIP                                       |  |                          |                          |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert K. Rusch*      **Robert K. Rusch**      4/22/97      (608) 238-5851

CR2E034 (9/96)