

2021 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: 39-0230590

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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 DIRECTOR
Name TRUNZO, ROBERT
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title PRESIDENT & CEO
Name TRUNZO, ROBERT
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name BROWN, DAVID G
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title EVP, CHIEF INVESTMENT OFFICER
Name BROWN, DAVID G
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title DIRECTOR
Name ANDERSON, MICHAEL F.
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title SVP, CHIEF LEGAL OFFICER
Name ANDERSON, MICHAEL F.
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

Title SECRETARY
Name BARBATO, PAUL D.
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705

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

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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: PAUL D. BARBATO

SECRETARY

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WINGER, LAUREEN
Address 5910 MINERAL POINT ROAD
City-State-Zip: MADISON WI 53705