

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address

ATTN: BARB MONSON 3H-6 P.O. BOX 391 ( 5910 MINERAL POINT RD. ) MADISON WI 53701-0391

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/12/1940**

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 owes or has paid the current year Intangible Personal Property Tax due June 30  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 29 Country 30 Country

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 **Ronald S. Williams**

82 Street Address (P.O. Box Number is Not Acceptable) **3773 Commonwealth Blvd.**

83

84 City **Tallahassee** FL 85 Zip Code **32303**

11. Pursuant to the provisions of Sections 607.0507 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ronald S. Williams* **Ronald S. Williams** 4/27/98

Signature, typed or printed name of registered agent and title if applicable (N/A if Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANTERBURY, RALPH B.</b>	1.2 NAME	
STREET ADDRESS	<b>5910 MINERAL POINT ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON WI 53705</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYNCH, ROBERT T.</b>	2.2 NAME	
STREET ADDRESS	<b>5910 MINERAL POINT ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON WI 53705</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KITCHEN, MICHAEL B.</b>	3.2 NAME	
STREET ADDRESS	<b>5910 MINERAL PT. RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON WI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RUSCH, ROBERT K</b>	4.2 NAME	<b>Michael A. Murphy</b>
STREET ADDRESS	<b>5910 MINERAL POINT RD</b>	4.3 STREET ADDRESS	<b>5910 Mineral Point Road</b>
CITY-ST-ZIP	<b>MADISON WI</b>	4.4 CITY-ST-ZIP	<b>Madison, WI 53705</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>C</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, LARRY T.</b>	5.2 NAME	
STREET ADDRESS	<b>5910 MINERAL POINT ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MADISON WI 53705</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>VC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRINGER, NEIL A.</b>	6.2 NAME	
STREET ADDRESS	<b>1946 BRENTWOOD LANE EAST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHEATON IL 60187-8544</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Michael A. Murphy* **Michael A. Murphy** 4-24-98 (608)238-5851

CR2E034 (10/97)