

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90204 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 805208

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/12/1940	4. FEI Number 39-0230590	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILLIAMS, R S
3773 COMMONWEALTH BLVD
TALL FL 32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Diane M. Konz	
1.3 STREET ADDRESS	5910 Mineral Point Road	
1.4 CITY-ST-ZIP	Madison, WI 53705	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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, with all other like empowered.

SIGNATURE *Diane M. Konz* **Diane M. Konz** 4/20/99 608/238-5851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)