

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

**FILED**  
**May 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 825136 (5)**

1. Corporation Name  
**CUNA MUTUAL LIFE INSURANCE COMPANY**



Principal Place of Business <b>2000 HERITAGE WAY                  WAVERLY IOWA 50677</b>	Mailing Address <b>2000 HERITAGE WAY                  WAVERLY IOWA 50677</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>01/25/1972</b>	
4. FEI Number <b>42-0388260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER OF FLORIDA  
 STATE CAPITOL  
 TALLAHASSEE FL 32304**

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 \_\_\_\_\_ (NEXT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>CUGINI, JOSEPH N.</b>	
STREET ADDRESS	<b>5910 MINERAL POINT ROAD</b>	
CITY-ST-ZIP	<b>MADISON WI</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>SPRINGER, NEIL A.</b>	
STREET ADDRESS	<b>5910 MINERAL POINT ROAD</b>	
CITY-ST-ZIP	<b>MADISON WI</b>	
TITLE	<b>COOP</b>	<input type="checkbox"/>
NAME	<b>LENTZ, KEVIN T.</b>	
STREET ADDRESS	<b>2000 HERITAGE WAY</b>	
CITY-ST-ZIP	<b>WAVERLY IA</b>	
TITLE	<b>S</b>	<input type="checkbox"/>
NAME	<b>DAUBS, MICHAEL S.</b>	
STREET ADDRESS	<b>5910 MINERAL POINT ROAD</b>	
CITY-ST-ZIP	<b>MADISON WI</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>T/D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Cugini, Joseph N</b>		
1.3 STREET ADDRESS	<b>5910 Mineral Point Road</b>		
1.4 CITY-ST-ZIP	<b>Madison, WI 53705</b>		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Springer, Neil A</b>		
2.3 STREET ADDRESS	<b>5910 Mineral Point Road</b>		
2.4 CITY-ST-ZIP	<b>Madison, WI 53705</b>		
3.1 TITLE	<b>S/D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Bryan, James L</b>		
3.3 STREET ADDRESS	<b>5910 Mineral Point Road</b>		
3.4 CITY-ST-ZIP	<b>Madison, WI 53705</b>		
4.1 TITLE	<b>V</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Buckingham, Robert M</b>		
4.3 STREET ADDRESS	<b>2000 Heritage Way</b>		
4.4 CITY-ST-ZIP	<b>Waverly, IA 50677</b>		
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 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 H. Buckingham* Robert H. Buckingham April 29, 1998 (319) 352-4090

CR2E034 (10/97)