

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 825136

1. Entity Name

CUNA MUTUAL LIFE INSURANCE COMPANY

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90067 027 ***150.00

Principal Place of Business

Mailing Address

2000 HERITAGE WAY
 WAVERLY IOWA 50677

2000 HERITAGE WAY
 WAVERLY IOWA 50677-9208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-0388260

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER OF FLORIDA
 STATE CAPITOL
 TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: TD Delete
 NAME: CUGINI, JOSEPH N.
 STREET ADDRESS: 5910 MINERAL POINT ROAD
 CITY-ST-ZIP: MADISON WI 53705

TITLE: TD Change Addition
 NAME: Burd, Loretta M
 STREET ADDRESS: 5910 Mineral Point Road
 CITY-ST-ZIP: Madison, WI 53705

TITLE: DC Delete
 NAME: WILSON, LARRY T
 STREET ADDRESS: 5910 MINERAL POINT ROAD
 CITY-ST-ZIP: MADISON WI 53705

TITLE: DC Change Addition
 NAME: Springer, Neil A
 STREET ADDRESS: 5910 Mineral Point Road
 CITY-ST-ZIP: Madison, WI 53705

TITLE: COOP Delete
 NAME: KOENIG, REID A
 STREET ADDRESS: 2000 HERITAGE WAY
 CITY-ST-ZIP: WAVERLY IA

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD Delete
 NAME: BRYAN, JAMES L
 STREET ADDRESS: 5910 MINERAL POINT RD
 CITY-ST-ZIP: MADISON WI 53705

TITLE: DS Change Addition
 NAME: McDonnell, Brian L
 STREET ADDRESS: 5910 Mineral Point Road
 CITY-ST-ZIP: Madison, WI 53705

TITLE: V Delete
 NAME: BUCKINGHAM, ROBERT M
 STREET ADDRESS: 2000 HERITAGE WAY
 CITY-ST-ZIP: WAVERLY IA 50677

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert M. Buckingham*
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER

Robert M. Buckingham

3/16/2000

(319) 483-2250

Date

Daytime Phone #

CR2E034 (9/99)