

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 825136

FILED  
Mar 05, 2003  
Secretary of State

Entity Name: CUNA MUTUAL LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

2000 HERITAGE WAY  
WAVERLY, IA 50677

**New Principal Place of Business:**

**Current Mailing Address:**

2000 HERITAGE WAY  
WAVERLY, IA 50677

**New Mailing Address:**

FEI Number: 42-0388260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

INSURANCE COMMISSIONER OF FLORIDA  
STATE CAPITOL  
TALLAHASSEE, FL 32304      US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: HOLLEY, JEFFREY D  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705

Title: DC ( ) Delete  
Name: BRYAN, JAMES L  
Address: 5910 MINERAL POINT ROAD  
City-St-Zip: MADISON, WI 53705

Title: COOP ( ) Delete  
Name: KOENIG, REID A  
Address: 2000 HERITAGE WAY  
City-St-Zip: WAVERLY, IA

Title: S ( ) Delete  
Name: PATZNER, FAYE A  
Address: 5910 MINERAL POINT RD  
City-St-Zip: MADISON, WI 53705

Title: P ( ) Delete  
Name: KITCHEN, MICHAEL B  
Address: 5910 MINERAL POINT RD  
City-St-Zip: MADISON, WI 53705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: AT (X) Change ( ) Addition  
Name: CARLSON, TIMOTHY L  
Address: 2000 HERITAGE WAY  
City-St-Zip: WAVERLY, IA 50677

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY L. CARLSON

AT

03/05/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date