

1.) CORPORATION NAME:

CUNA Mutual Insurance Society

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **12/30/2010**

SCC ID NO: **F0099657**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5910 MINERAL POINT RD

CITY/ST/ZIP: MADISON, WI 53705-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFF POST
TITLE: P/CEO
ADDRESS: 5910 MINERAL POINT RD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: FAYE A PATZNER
TITLE: SECRETARY
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: ELDON R ARNOLD
TITLE: DIRECTOR
ADDRESS: 5910 MINERAL POINT RD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: GERALD W PAVELICH
TITLE: CFO/EVP/TREA
ADDRESS: 5910 MINERAL POINT ROAD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

NAME: TRACY LIEN
TITLE: ASST SECRETARY
ADDRESS: 5910 MINERAL POINT RD
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ TRACY LIEN</u>	<u>TRACY LIEN, ASST SECRETARY</u>	<u>12/1/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.