

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: **12/31/2011**

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

OFFICER  DIRECTOR

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

OFFICER  DIRECTOR

NAME: LORETTA M. BURD  
TITLE: DIRECTOR  
ADDRESS: 5910 MINERAL POINT ROAD  
CITY/ST/ZIP/CO: MADISON, WI 53705-

OFFICER  DIRECTOR

|  |   |
|--|---|
| NAME: BERT J. HASH JR.<br>TITLE: DIRECTOR<br>ADDRESS: 5910 MINERAL POINT ROAD<br>CITY/ST/ZIP/CO: MADISON, WI 53705-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ROBERT J. MARZEC<br>TITLE: DIRECTOR<br>ADDRESS: 5910 MINERAL POINT ROAD<br>CITY/ST/ZIP/CO: MADISON, WI 53705-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ANGELA CAMPBELL<br>TITLE: ASST SECRETARY<br>ADDRESS: 5910 MINERAL POINT ROAD<br>CITY/ST/ZIP/CO: MADISON, WI 53705-   | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> 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.  |   |
| /s/ ANGELA CAMPBELL<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | ANGELA CAMPBELL, ASST SECRETARY<br>PRINTED NAME AND CORPORATE TITLE           |
|  | 12/12/2011<br>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. |   |