

1.) CORPORATION NAME:

DUE DATE: **12/31/2012**

CMFG Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0099657**

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	7,500,000

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: FAYE A PATZNER TITLE: SECRETARY ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ANGELA CAMPBELL TITLE: ASST SECRETARY ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Alastair C Shore TITLE: CFO/EVP/TREA ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ELDON R ARNOLD TITLE: DIRECTOR ADDRESS: 5910 MINERAL POINT RD CITY/ST/ZIP/CO: MADISON, WI 53705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LORETTA M. BURD TITLE: DIRECTOR ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: BERT J. HASH JR. TITLE: DIRECTOR ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT J. MARZEC TITLE: DIRECTOR ADDRESS: 5910 MINERAL POINT ROAD CITY/ST/ZIP/CO: MADISON, WI 53705	<input type="checkbox"/> OFFICER	<input checked="" 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/ FAYE A PATZNER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	FAYE A PATZNER, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/30/2012 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.		