

No. <b>C 103808</b>		<b>Due no later than Oct 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CUNA MUTUAL INSURANCE AGENCY, INC. JANET EKENBERG GOVT RELATIONS 5910 MINERAL POINT ROAD MADISON WI 53705		C T CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE ID 83702			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	H. DAVID LUNDGREN	5910 MINERAL POINT ROAD	MADISON	WI	USA	53705	
SECRETARY	FAYE A PATZNER	5910 MINERAL POINT ROAD	MADISON	WI	USA	53705	
DIRECTOR	JEFFREY D HOLLEY	5910 MINERAL POINT ROAD	MADISON	WI	USA	53705	
DIRECTOR	H. DAVID LUNDGREN	5910 MINERAL POINT ROAD	MADISON	WI	USA	53705	
DIRECTOR	FAYE A PATZNER	5910 MINERAL POINT ROAD	MADISON	WI	USA	53705	
SECRETARY	TRACY K LIEN	5910 MINERAL POINT ROAD	MADISON	WI	USA	53705	
5. Organized Under the Laws of:  <b>WISCONSIN</b> <b>C 103808</b>		6. Annual Report must be signed.*  Signature: Tracy K. Lien Name (type or print): Tracy K. Lien					
		Date: 10/17/2006 Title: Assistant Secretary					
Processed 10/17/2006		* Electronically provided signatures are accepted as original signatures.					