

Applicant Name: CUNA Mutual Insurance Society

NAIC No. 62626

FEIN: 39-0230590

**Uniform Certificate of Authority Application (UCAA)
Expansion Application**

To the Insurance Commissioner/Director/Superintendent of the State of:

Alabama		Missouri	
Alaska		Montana	
Arizona		Nebraska	
Arkansas		Nevada	
California		New Hampshire	
Colorado		New Jersey	
District of Columbia		New Mexico	
Connecticut		New York	
Delaware		North Carolina	
Florida		North Dakota	
Georgia		Ohio	
Hawaii		Oklahoma	
Idaho		Oregon	
Illinois		Pennsylvania	
Indiana		Rhode Island	
Iowa		South Carolina	
Kansas		South Dakota	
Kentucky		Tennessee	
Louisiana		Texas	
Maine		Utah	
Maryland		Vermont	
Massachusetts		Virginia	
Michigan		Washington	
Minnesota		West Virginia	
Mississippi		Wisconsin	X
		Wyoming	

(Check the appropriate states in which you are applying.)

The undersigned Insurer hereby certifies that the classes of insurance as indicated on the Lines of Insurance, Form 3, are all lines of business (a) currently authorized for transaction, (b) currently transacted and (c) which the Insurer is applying to transact.

Name of Insurer: CUNA Mutual Insurance Society NAIC #62626 --306 _____
Group Code

Home Office Address: 2000 Heritage Way, Waverly, IA 50677

Administrative Office Address: 5910 Mineral Point Road, Madison, WI 53705

Mailing Address: P.O. Box 391, Madison, WI 53701

Phone: 608-238-5851

Fax: 608-238-0830

Are these addresses the same as those shown on your Annual Statement?

Yes No

If not, indicate why.

At the time of filing the 2005 Annual Statement, CUNA Mutual Insurance Society's home office was in Madison, Wisconsin.

Applicant Name: CUNA Mutual Insurance Society

NAIC No. 10847
FEIN: 39-0972608

Date Incorporated: May 20, 1935 Form of Organization: Mutual

Billing Address: 5910 Mineral Point Road, Madison, WI 53705
E-Mail Address: janet.ekenberg@cunamutual.com Phone: 608-231-7883 Fax: 608-236-7883

Premium Tax Statement Address: 5910 Mineral Point Road, Madison, WI 53705
E-Mail Address: jack.nutter@cunamutual.com Phone: 608-231-8243 Fax: 608-236-8243

Producer Licensing Address: 2000 Heritage Way, Waverly, IA 50677
E-Mail Address: jim.denholm@cunamutual.com Phone: 800-798-6600 ext. 2515 Fax: 319-352-5987

Rate/Form Filing Address: 5910 Mineral Point Road, Madison, WI 53705
E-Mail Address: Elizabeth.Myers@cunamutual.com Phone: 800-356-2644 ext. 6317 Fax: 608-236-7081

Rate/Form Filing Address: 2000 Heritage Way, Waverly, IA 50677
E-Mail Address: Brenda.Spree@cunamutual.com Phone: 800-798-6600 ext. 3545 Fax: 319-483-3114

Consumer Affairs Address: 5910 Mineral Point Road, Madison, WI 53705
E-Mail Address: eric.verseman@cunamutual.com Phone: 608-231-8996 Fax: 608-236-6206

State or Country of Domicile: Iowa Date Organized May 20, 1935

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: Articles: 5/11/01, Bylaws: 4/19/01

Date of Last Financial Examination: 12/31/2000

Date of Last Market Conduct Examination 12/31/2000

Par Value of Issued Stock: Not applicable Surplus as regards policyholders: \$805,346,952

Certificate of Deposit (Home State) \$ Not applicable

Ultimate Owner/Holding Company: Not applicable

Has your company ever been refused admission to this or any other state prior to the date of this application?

Yes No

If Yes, give full explanation in an attached letter.

The applicant hereby designates (name natural persons only) Jim Denholm and Christine Poppe to appoint persons and entities to act as and to be licensed as agents in the State of Wisconsin, and to terminate the said appointments.

NOTE: This does not apply to those states that do not require appointments.

The following information is required of the individual who is authorized to represent the applicant before the department

Name Janet L. Ekenberg
Title Senior Law Specialist
Mailing Address 5910 Mineral Point Road, Location 5910 4C 2, Madison, WI 53705
E-Mail Address: janet.ekenberg@cunamutual.com Phone: 800-356-2644 ext. 7883 Fax: 608-236-7883

If the representative is not employed by the applicant, please provide a company contact person in order to facilitate requests for detailed financial information.

Name _____
Title _____
Mailing Address _____
E-Mail Address: _____ Phone: _____ Fax: _____

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NAIC No. 62626

FEIN: 39-0230590

Please provide a listing of all other applications filed by the applicant, or any of its affiliates, which are pending before the Department.

N/A

Applicant Officers' Certification and Attestation

One of the three officers (listed below) of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of said state, accept the Constitution of such state, in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am the President of the Applicant, am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this 11th day of October at Madison, Wisconsin.

10/11/06
Date

[Signature]
Signature of President
Vice

Robert K. Rusch
Full Legal Name of Vice President

10/11/06
Date

[Signature]
Signature of Asst. Secretary

Tracy K. Lien
Full Legal Name of Asst. Secretary

10/11/06
Date

[Signature]
Signature of Asst. Treasurer

Mark L. Wiltse
Full Legal Name of Asst. Treasurer

CUNA Mutual Insurance Society
Applicant

[Signature]
Signature of Witness

Janet L. Ekenberg
Full Legal Name of Witness