

Applicant Name: MEMBERS Life Insurance Company

NAIC No. 86126

FEIN: 39-1236386

Uniform Certificate of Authority Application (UCAA)
Expansion Application

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

Table with 4 columns: State Name, empty cell, State Name, empty cell. Rows include Alabama, Alaska, Arizona, Arkansas, California, Colorado, District of Columbia, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin (marked with 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: MEMBERS Life Insurance Company NAIC #86126 --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 [X]

If not, indicate why.

At the time of filing the 2005 Annual Statement MEMBERS Life Insurance Company's home office was in Madison, Wisconsin.

Applicant Name: MEMBERS Life Insurance Company

NAIC No. 86126  
FEIN: 39-1236386

Date Incorporated: February 27, 1976 Form of Organization: Stock

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: 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: February 27, 1976

Date of Last Amendment of Charter, Bylaws or Subscriber's Agreement: Articles: 3/1/95, Bylaws: 5/11/01

Date of Last Financial Examination: 12/31/2000

Date of Last Market Conduct Examination: 12/31/2000

Par Value of Issued Stock: \$ 5,000 Surplus as regards policyholders: \$25,925.641

Certificate of Deposit (Home State) \$ Not applicable

Ultimate Owner/Holding Company: CUNA Mutual Insurance Society

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: \_\_\_\_\_

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

CUNA Mutual Insurance Society and CUMIS Insurance Society, Inc.- redomestication and foreign license applications.

**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 26<sup>th</sup> day of October at Madison, Wisconsin.

10/26/06  
Date

[Signature]  
Signature of Vice President

Robert K. Rusch  
Full Legal Name of Vice President

10/26/06  
Date

[Signature]  
Signature of Asst. Secretary

Janice C. Doyle  
Full Legal Name of Asst. Secretary

10/26/06  
Date

[Signature]  
Signature of Asst. Treasurer

Mark L. Wiltse  
Full Legal Name of Asst. Treasurer

MEMBERS Life Insurance Company  
Applicant

[Signature] ✓  
Signature of Witness

Janet L. Ekenberg  
Full Legal Name of Witness