

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jun 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 825413 (8)

1. Corporation Name
EQUITRUST LIFE INSURANCE COMPANY *N/C 5.5.98*

Principal Place of Business
4001 74TH STREET
WEST DES MOINES IA 50266
US
5400 University Ave
West Des Moines, IA 50266-5997

Mailing Address
P.O. BOX 45770
WEST DES MOINES IA 50269
US
5400 University Ave.
West Des Moines Ia 50266



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
11/24/1970 6/3/1966

4. FEI Number
42-0926679 42-1468417

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32314

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
600002550666
-06/08/98--01030-122
***150.00
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the provisions of Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P EVASON, KENNETH L.	1.2 NAME	P Edward Marlow Wiederstein
STREET ADDRESS	401 N EXECUTIVE DRIVE	1.3 STREET ADDRESS	5400 University Ave
CITY-ST-ZIP	BROOKFIELD WI	1.4 CITY-ST-ZIP	West Des Moines, IA 50266-5997
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVP KAUFMAN, STANLEY N	2.2 NAME	Thomas Raymond Gibson
STREET ADDRESS	700 S 7TH STREET	2.3 STREET ADDRESS	5400 University Ave.
CITY-ST-ZIP	FARGO ND	2.4 CITY-ST-ZIP	West Des Moines, IA 50266-5997
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MONTAG, GUY R	3.2 NAME	Richard Dean Harris
STREET ADDRESS	401 N EXECUTIVE DRIVE	3.3 STREET ADDRESS	5400 University Ave.
CITY-ST-ZIP	BROOKFIELD WI	3.4 CITY-ST-ZIP	West Des Moines, IA 50266-5997
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SRVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V DAVENPORT, VALERIE K	4.2 NAME	Stephen Michael Morain
STREET ADDRESS	1801 74TH STREET	4.3 STREET ADDRESS	5400 University Ave.
CITY-ST-ZIP	WEST DES MOINES IA	4.4 CITY-ST-ZIP	West Des Moines, IA 50266-5997
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP SMITH, JAMES R	5.2 NAME	Paul (NMN)Grinvalds
STREET ADDRESS	401 N EXECUTIVE DRIVE	5.3 STREET ADDRESS	5400 University Ave.
CITY-ST-ZIP	BROOKFIELD WI	5.4 CITY-ST-ZIP	West Des Moines, IA 50266-5997
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP STEPPE, MICHAEL J	6.2 NAME	William Joseph Oddy
STREET ADDRESS	401 N EXECUTIVE DRIVE	6.3 STREET ADDRESS	5400 University Ave.
CITY-ST-ZIP	BROOKFIELD WI	6.4 CITY-ST-ZIP	West Des Moines, IA 50266-5997

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Edward M Wiederstein 6/22/98 515-225-5400

CR2E034 (10/97)