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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 825413

1. Corporation Name
EQUITRUST LIFE INSURANCE COMPANY



Principal Place of Business 5400 UNIVERSITY AVE. WEST DES MOINES IA 50266-5997 US	Mailing Address 5400 UNIVERSITY AVE. WEST DES MOINES IA 50266-5997 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/24/1970
4. FEI Number 42-1468417
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

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 FL 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIEDERSTEIN, EDWARD	1.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5997	1.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, THOMAS R	2.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5997	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RICHARD D	3.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5997	3.4 CITY-ST-ZIP	
TITLE	SRVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAIN, STEPHEN M	4.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5997	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINVALDS, PAUL	5.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5997	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODDY, WILLIAM J	6.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA 50266-5997	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Edward Wiederstein Edward Wiederstein 2-22-99 (515) 225-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)