

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. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 825413 (8)

1. Corporation Name

EQUITRUST LIFE INSURANCE COMPANY

Principal Place of Business

1801 74TH STREET
WEST DES MOINES IA 50266
US

5400 University Ave

West Des Moines, IA 50266-5997

Mailing Address

P.O. BOX 55770
WEST DES MOINES IA 50266
US

5400 University Ave.

West Des Moines Ia 50266

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1970 6/3/1966

4. FEI Number

42-0920679 42-1468417

Applied For

Not Applicable

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

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

***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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME EVASON, KENNETH L.
STREET ADDRESS 401 N EXECUTIVE DRIVE
CITY-ST-ZIP BROOKFIELD WI

TITLE EVP
NAME KAUFMAN, STANLEY N
STREET ADDRESS 700 S 7TH STREET
CITY-ST-ZIP FARGO ND

TITLE S
NAME MONTAG, GUY R
STREET ADDRESS 401 N EXECUTIVE DRIVE
CITY-ST-ZIP BROOKFIELD WI

TITLE Y
NAME DAVENPORT, VALERIE K
STREET ADDRESS 1801 74TH STREET
CITY-ST-ZIP WEST DES MOINES IA

TITLE VP
NAME SMITH, JAMES R
STREET ADDRESS 401 N EXECUTIVE DRIVE
CITY-ST-ZIP BROOKFIELD WI

TITLE VP
NAME STEPPE, MICHAEL J
STREET ADDRESS 401 N EXECUTIVE DRIVE
CITY-ST-ZIP BROOKFIELD WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Edward Marlow Wiederstein
1.3 STREET ADDRESS 5400 University Ave
1.4 CITY-ST-ZIP West Des Moines, IA 50266-5997

2.1 TITLE EVP
2.2 NAME Thomas Raymond Gibson
2.3 STREET ADDRESS 5400 University Ave.
2.4 CITY-ST-ZIP West Des Moines, IA 50266-5997

3.1 TITLE S/T
3.2 NAME Richard Dean Harris
3.3 STREET ADDRESS 5400 University Ave.
3.4 CITY-ST-ZIP West Des Moines, IA 50266-5997

4.1 TITLE SRVP
4.2 NAME Stephen Michael Morain
4.3 STREET ADDRESS 5400 University Ave.
4.4 CITY-ST-ZIP West Des Moines, IA 50266-5997

5.1 TITLE VP
5.2 NAME Paul (NMN)Grinvalds
5.3 STREET ADDRESS 5400 University Ave.
5.4 CITY-ST-ZIP West Des Moines, IA 50266-5997

6.1 TITLE VP
6.2 NAME William Joseph Oddy
6.3 STREET ADDRESS 5400 University Ave.
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

4-22-98 515-225-5400

CR2E034 (10/97)