

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90135 004 \*\*\*150.00

**DOCUMENT # 825413**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **42-1468417**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
CAPITOL BLDG  
TALLAHASSEE FL 32314**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	WIEDERSTEIN, EDWARD	5400 UNIVERSITY AVE.	WEST DES MOINES IA 50266-5997	<input type="checkbox"/>	P/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
EVP	GIBSON, THOMAS R	5400 UNIVERSITY AVE.	WEST DES MOINES IA 50266-5997	<input checked="" type="checkbox"/>	V/D	James William Noyce	5400 University Avenue	West Des Moines, Iowa 50266-5997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ST	HARRIS, RICHARD D	5400 UNIVERSITY AVE.	WEST DES MOINES IA 50266-5997	<input checked="" type="checkbox"/>	S/D	Jerry Clyde Downin	5400 University Avenue	West Des Moines, Iowa 50266-5997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SRVP	MORAIN, STEPHEN M	5400 UNIVERSITY AVE.	WEST DES MOINES IA 50266-5997	<input type="checkbox"/>	V/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	GRINVALDS, PAUL	5400 UNIVERSITY AVE.	WEST DES MOINES IA 50266-5997	<input checked="" type="checkbox"/>	V/D	JoAnn Runelhart	5400 University Avenue	West Des Moines, Iowa 50266-5997	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	ODDY, WILLIAM J	5400 UNIVERSITY AVE.	WEST DES MOINES IA 50266-5997	<input type="checkbox"/>	V/D				<input checked="" type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Wiederstein*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Wiederstein 1-31-2001

Date

225-5400

Daytime Phone #

CR2E034 (10/00)