

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90019 048 \*\*\*150.00

0624988 AT

**DOCUMENT # 825413**  
**1. Entity Name**  
**EQUITRUST LIFE INSURANCE COMPANY**

**Principal Place of Business**      **Mailing Address**  
**5400 UNIVERSITY AVE.**      **5400 UNIVERSITY AVE.**  
**WEST DES MOINES IA 50266-5997**      **WEST DES MOINES IA 50266-5997**  
**US**      **US**

**2. Principal Place of Business**      **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**  
**42-1468417**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



**INSURANCE COMMISSIONER**  
**CAPITOL BLDG**  
**TALLAHASSEE FL 32314**

**7. Name and Address of New Registered Agent**

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, 2002 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**

**TITLE** PD ☒ Delete  
**NAME** WIEDERSTEIN, EDWARD  
**STREET ADDRESS** 5400 UNIVERSITY AVE.  
**CITY-ST-ZIP** WEST DES MOINES IA 50266-5997

**TITLE** VD ☐ Delete  
**NAME** NOYCE, JAMES W  
**STREET ADDRESS** 5400 UNIVERSITY AVENUE  
**CITY-ST-ZIP** WEST DES MOINES IA 50266-5997

**TITLE** SD ☐ Delete  
**NAME** DOWNIN, JERRY C  
**STREET ADDRESS** 5400 UNIVERSITY AVE.  
**CITY-ST-ZIP** WEST DES MOINES IA 50266-5997

**TITLE** VD ☐ Delete  
**NAME** MORAIN, STEPHEN M  
**STREET ADDRESS** 5400 UNIVERSITY AVE.  
**CITY-ST-ZIP** WEST DES MOINES IA 50266-5997

**TITLE** VD ☐ Delete  
**NAME** RUNNELHART, JOANN  
**STREET ADDRESS** 5400 UNIVERSITY AVE.  
**CITY-ST-ZIP** WEST DES MOINES IA 50266-5997

**TITLE** VD ☐ Delete  
**NAME** ODDY, WILLIAM J  
**STREET ADDRESS** 5400 UNIVERSITY AVE.  
**CITY-ST-ZIP** WEST DES MOINES IA 50266-5997

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Change ☒ Addition  
**NAME** Craig Allen Lang  
**STREET ADDRESS** 5400 University Avenue  
**CITY-ST-ZIP** West Des Moines, Iowa 50266

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

515-225-5400

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

# 825413/6004203

EquiTrust Life Insurance Company  
42-1468417

Officer and Directors continued

Title	V	x delete
Name	Lynn Elder Wilson	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	
Title	V	x addition
Name	Douglas Weslet Gumm	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	
Title	V	no change
Name	James Patrick Brannen	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	
Title	V	no change
Name	Barbara Moore	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	
Title	V	no change
Name	Thomas Burlingame	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	
Title	V	no change
Name	John Paule	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	
Title	V/D	no change
Name	Timothy Jay Hoffman	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	
Title	V	no change
Name	Lou Ann Sandburg	
Street Address	5400 University Avenue	
City-St-Zip	West Des Moines, IA 50266-5997	

OFFICER -  
EQUITRUST LIFE  
INSURANCE  
COMPANY  
5400 UNIVERSITY AVENUE  
WEST DES MOINES, IA 50266-5997

no change