


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1468417	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000059026 02/20/04-80061-022 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN LANG, CRAIG 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOYCE, JAMES W 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 502665997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOWNIN, JERRY C 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORAIN, STEPHEN M 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUNNELHART, JOANN 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ODDY, WILLIAM J 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig Allen Lang **Craig Allen Lang** **2/13/04** **515-225-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #