


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90074 005 ***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
--	--

40072222



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Attn: David A. McNeill Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04132007 Chg-P CR2E034 (12/06)

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	---	--

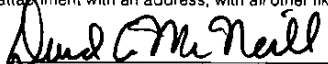
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ALLEN LANG, CRAIG 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 50266 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Craig A. Lang
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD NOYCE, JAMES W 5400 UNIVERSITY AVENUE WEST DES MOINES, IA 502665997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOWNIN, JERRY C 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V Dennis J. Presnall 5400 University Avenue West Des Moines, IA 50266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORAIN, STEPHEN M 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/S
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RUNNELHART, JOANN 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V JoAnn Rumelhart
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ODDY, WILLIAM J 5400 UNIVERSITY AVE. WEST DES MOINES, IA 502665997 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T James P. Brannen 5400 University Avenue West Des Moines, IA 50266

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **David A. McNeill** 4/18/07 (515) 225-5989
Vice President-Assistant General Counsel-Life

ATTACHMENT

40072222

EquiTrust Life Insurance Company
Document # 825413

Directors (continued)

Steven L. Baccus	2627 KFB Plaza, Manhattan, Kansas 66502-8508
Jerry L. Chicoine	10473 E. Greythorn Drive, Scottsdale, Arizona 85262
Craig D. Hill	11620 210 th , Milo, Iowa 50166

Officers (continued)

James W. Noyce, Chief Executive Officer
John M. Paule, Executive Vice President
James P. Brannen, Chief Financial Officer and Chief Administrative Officer
Douglas W. Gumm, Vice President-Information Technology
Lou Ann Sandburg, Vice President-Investments and Assistant Treasurer
David T. Sebastian, Vice President
Donald J. Seibel, Vice President-Finance
Bruce A. Trost, Vice President
Paul Grinvalds, Vice President-Life Administration
Dwayne McGraw, Vice President-Corporate Actuarial, Appointed Actuary
David A. McNeill, Vice President-Assistant General Counsel-Life
Dennis M. Marker, Vice President-Investment Administration
Thomas L. May, Vice President-Sales and Marketing
James M. Mincks, Vice President-Human Resources
Rosemary Parson, Vice President-Operations
James A. Pugh, Vice President-Assistant General Counsel
Scott S. Shuck, Vice President-Marketing Services
Robert A. Simons, Vice President-Assistant General Counsel-Securities
James J. Streck, Vice President-Life Underwriting/Issue/Alliance Administration
Lynn E. Wilson, Vice President-Life Sales

Address for above officers is 5400 University Avenue, West Des Moines, Iowa 50266.