

825413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

at Instructions to Filing Officer:

Office Use Only



500407900375

FILED

2023 MAY -1 PM 12:07

CLERK OF STATE
TALLAHASSEE, FL

2023 MAY -1 AM 11:41
CLERK OF STATE
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 710322 7652832

AUTHORIZATION :

COST LIMIT : \$350.00

]-----
,

ORDER DATE : April 28, 2023

ORDER TIME : 9:14 AM

ORDER NO. : 710322-005

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: EQUITRUST LIFE INSURANCE
COMPANY

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: EquiTrust Life Insurance Company

Name of Corporation

DOCUMENT NUMBER: 825413

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Halina A. Zawodni

Name of Contact Person

Faegre Drinker Biddle & Reath LLP

Firm/Company

320 South Canal Street, Suite 3300

Address

Chicago, IL 60606

City/State and Zip Code

halina.zawodni@faegredrinker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Halina A. Zawodni

at (312) 356-5032

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: EQUITRUST LIFE INSURANCE COMPANY
Ref. Number: 825413

We have received your document for EQUITRUST LIFE INSURANCE COMPANY and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 623A00009796

RECEIVED

2023 MAY -8 AM 11:22

TALLAHASSEE, FLORIDA

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

825413

(Document number of corporation (if known))

1. EquiTrust Life Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Illinois 3. 11/24/1970
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) _____

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Arizona
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

FILED
2023-11-1 PM 12:07
CLERK OF STATE
TALLAHASSEE, FL

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

James L. Cahalan
 (Signature of a director, president or other officer - if in the hands of
 a receiver or other court appointed fiduciary, by that fiduciary)

James L. Cahalan

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35.00

DEPT. OF STATE
 TALLAHASSEE, FL

2007-11-1 PM12:07

FILED

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify that the attached copy of the following document:

STATEMENT OF DOMESTICATION, 04/20/2022

consisting of 2 pages, is a true and complete copy of the original of said document on file with this office for:

EQUITRUST LIFE INSURANCE COMPANY
ACC file number: 23364026

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this 4 Day of May, 2023 A.D.



Douglas R. Clark

Douglas R. Clark, Executive Director

By: *Dina A. Jarama-Serrano*

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATEMENT OF DOMESTICATION

Read the Instructions M090i

1. **DOMESTICATING ENTITY NAME:** Equitrust Life Insurance Company
- 1.1 **DOMESTICATING ENTITY JURISDICTION OF ORGANIZATION:** Illinois
- 1.2 **DOMESTICATING ENTITY TYPE** - (e.g., corporation, LLC) corporation
- 1.3 **DOMESTICATING ENTITY ORIGINAL DATE OF INCORPORATION/ORGANIZATION:** 6/3/1988
2. **DOMESTICATED ENTITY NAME:**
Equitrust Life Insurance Company
- 2.1 **DOMESTICATED ENTITY JURISDICTION OF ORGANIZATION:** Arizona
- 2.2 **DOMESTICATED ENTITY TYPE** - Check only one and follow instructions:
- ☒ **Arizona corporation** - attach to this Statement the Articles of Incorporation.
- ☐ **Arizona LLC** - attach to this Statement the Articles of Organization.
- ☐ **Foreign corporation seeking registration with the A.C.C.** - attach to this Statement the Application for Authority.
- ☐ **Foreign LLC seeking registration with the A.C.C.** - attach to this Statement the Foreign Registration Statement.
- ☐ **Foreign corporation, LLC, or other entity that is not, and will not, be registered with the A.C.C.**
3. **FOREIGN DOMESTICATED ENTITY, NOT QUALIFIED IN ARIZONA - MAILING ADDRESS** (foreign entities that are not and will not be qualified to transact business or conduct affairs in Arizona must provide a mailing address to which service of process may be mailed):

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		


4. APPROVAL OF DOMESTICATION - (applies to the domesticating entity):

By the signature appearing on this Statement of Domestication, the domesticating entity declares under the penalty of perjury that the plan of domestication was approved by the Arizona domesticating entity in accordance with A.R.S. § 29-2503, or, if the domesticating entity is a foreign entity, in accordance with the laws of its jurisdiction of organization.

5. DELAYED EFFECTIVE DATE - Complete this section only if the domestication will have a *delayed* effective date of not more than 90 days after delivery of the Statement to the A.C.C. - list that date below:

SIGNATURES: The domesticating entity must sign.

The signer of this Statement declares and certifies *under penalty of perjury* that this Statement together with any attachments is submitted in compliance with Arizona law.

Entity Name: Equitrust Life Insurance Company	
Signature: 	Date: April 16, 2022
Print name and title of person signing: Paul A. Miller, Chief Legal Officer	

Expedited or Same Day/Next Day services are available for an additional fee - see Instructions or Cover sheet for prices.

Filing Fee: \$100.00 (corporations) \$50 (LLCs) All fees are nonrefundable - see Instructions.	Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax (for Regular or Expedite Service ONLY): 602-542-4100 Fax (for Same Day/Next Day Service ONLY): 602-542-0900
---	--

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are public records and are open for public inspection. If you have questions after reading the instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.