

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825413

FILED
Apr 24, 2024
Secretary of State
8901093317CC

Entity Name: EQUITRUST LIFE INSURANCE COMPANY

Current Principal Place of Business:

222 WEST ADAMS STREET
SUITE 2150
CHICAGO, IL 60606

Current Mailing Address:

222 WEST ADAMS STREET
SUITE 2150
CHICAGO, IL 60606 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR	Title	CHIEF OPERATING OFFICER
Name	MILLER, PAUL A.	Name	NORTON, JOSEPH S.
Address	222 WEST ADAMS STREET SUITE 2150	Address	222 WEST ADAMS STREET SUITE 2150
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	DIRECTOR, PRESIDENT, CEO	Title	CHIEF LEGAL OFFICER, SECRETARY
Name	HOLOMAN, ERIC L.	Name	MILLER, PAUL A.
Address	222 WEST ADAMS STREET SUITE 2150	Address	222 WEST ADAMS STREET SUITE 2150
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	DIRECTOR	Title	DIRECTOR
Name	CULLEN, DENNIS A.	Name	RIGERT, MICHAEL J.
Address	222 WEST ADAMS STREET SUITE 2150	Address	222 WEST ADAMS STREET SUITE 2150
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	CHIEF INVESTMENT OFFICER, DIRECTOR	Title	VICE PRESIDENT OF ACCOUNTING, CONTROLLER
Name	MATHENY, KENYATTA K.	Name	THOMPSON, GREGORY
Address	222 WEST ADAMS STREET SUITE 2150	Address	222 WEST ADAMS STREET SUITE 2150
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES L. CAHALAN

ASSISTANT SECRETARY 04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name CAHALAN, JAMES L.
Address 222 WEST ADAMS STREET
SUITE 2150
City-State-Zip: CHICAGO IL 60606