

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 825413

**Entity Name:** EQUITRUST LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

222 WEST ADAMS STREET  
SUITE 2150  
CHICAGO, IL 60606

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC4031929594**

**Current Mailing Address:**

401 PENNSYLVANIA PARKWAY  
SUITE 300  
INDIANAPOLIS, IN 46280 US

**FEI Number:** 42-1468417

**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  
Name BERNSTEIN, JEFFREY A.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title CHIEF ACCOUNTING OFFICER  
Name GLEESON, MICHAEL T.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title PRESIDENT  
Name HOLOMAN, ERIC L.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title SECRETARY  
Name MILLER, PAUL A.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name CULLEN, DENNIS A.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name HOLOMAN, ERIC L.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR  
Name RIGERT, MICHAEL J.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

*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:** PAUL A. MILLER

**SECRETARY**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date