

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825413

FILED
Apr 30, 2019
Secretary of State
8940993656CC

Entity Name: EQUITRUST LIFE INSURANCE COMPANY

Current Principal Place of Business:

222 WEST ADAMS STREET
SUITE 2150
CHICAGO, IL 60606

Current Mailing Address:

401 PENNSYLVANIA PARKWAY
SUITE 300
INDIANAPOLIS, IN 46280 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	BERNSTEIN, JEFFREY 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	9100 WILSHIRE BLVD. SUITE 700 E	Address	222 WEST ADAMS STREET SUITE 2150
City-State-Zip:	BEVERLY HILLS CA 90212	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	Title	VICE PRESIDENT OF ACCOUNTING
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

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

04/30/2019

Electronic Signature of Signing Officer/Director Detail Date