

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**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 PRESIDENT
Name HOLOMAN, ERIC L.
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 RIGERT, MICHAEL J.
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 SECRETARY
Name MILLER, PAUL 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

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