

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825413

Entity Name: EQUITRUST LIFE INSURANCE COMPANY**Current Principal Place of Business:**7100 WESTOWN PKWY
SUITE 200
WEST DES MOINES, IA 50266**Current Mailing Address:**7100 WESTOWN PKWY
SUITE 200
WEST DES MOINES, IA 50266 US**FEI Number:** 42-1468417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O 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	P&D
Name	KORMAN, DAVID L
Address	227 W MONROE STREET SUITE 4900
City-State-Zip:	CHICAGO IL 60606
Title	T
Name	PURVIS, JAMES D
Address	401 PENNSYLVANIA PARKWAY SUITE 300
City-State-Zip:	INDIANAPOLIS IN 46280
Title	D
Name	SIR, BRIAN T
Address	227 WEST MONROE, SUITE 4900
City-State-Zip:	CHICAGO IL 60606
Title	DIRECTOR
Name	DIVINEY, WAYNE S
Address	7082 BEMBE BEACH RD SUITE 204
City-State-Zip:	ANNAPOLIS MD 21403

Title	S
Name	TOWRISS, DANIEL J
Address	401 PENNSYLVANIA PARKWAY SUITE 300
City-State-Zip:	INDIANAPOLIS IN 46280
Title	D
Name	MINERD, BRYON S
Address	100 WILSHIRE BOULEVARD, SUITE 500
City-State-Zip:	SANTA MONICA CA 90401
Title	D
Name	CULLEN, DENNIS A
Address	800 TURNBERRY LANE
City-State-Zip:	NORTHBROOK IL 60062

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: DAVID L. KORMAN**PRESIDENT****04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date