

**2023 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:**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  
Name MILLER, PAUL A.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title CHIEF OPERATING OFFICER  
Name NORTON, JOSEPH S.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

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

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

Title CHIEF INVESTMENT OFFICER,  
DIRECTOR  
Name MATHENY, KENYATTA K.  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

Title VICE PRESIDENT OF ACCOUNTING,  
CONTROLLER  
Name THOMPSON, GREGORY  
Address 222 WEST ADAMS STREET  
SUITE 2150  
City-State-Zip: CHICAGO IL 60606

**Continues on page 2**

*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 04/28/2023**

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