

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 809845 (1)
1. Corporation Name
EQUITABLE LIFE INSURANCE COMPANY OF IOWA

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 30 AM 8:31

Principal Place of Business

**604 LOCUST STREET
P O BOX 1635
DES MOINES IA 50306**

Mailing Address

**604 LOCUST STREET
P O BOX 1635
DES MOINES IA 50306**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

3. Date Incorporated or Qualified

06/02/1954

3a. Date of Last Report

05/01/1994

4. FEI Number

42-0236150

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER STATE OF FLA
THE CAPITOL BLDG.
TALLAHASSEE FL 32304**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP
NAME	HUBBELL, FRED S.
STREET ADDRESS	604 LOCUST STREET
CITY - ST - ZIP	DES MOINES, IA 00000
TITLE	VD
NAME	DURLAND, LAWRENCE V.
STREET ADDRESS	604 LOCUST STREET
CITY - ST - ZIP	DES MOINES, IA 00000
TITLE	VD
NAME	KENT, ARTHUR
STREET ADDRESS	604 LOCUST STREET
CITY - ST - ZIP	DES MOINES, IA 00000
TITLE	VD
NAME	FOLEY, JOHN
STREET ADDRESS	604 LOCUST STREET
CITY - ST - ZIP	DES MOINES, IA 00000
TITLE	VSD
NAME	SAMPEL, JAMES R.
STREET ADDRESS	604 LOCUST STREET
CITY - ST - ZIP	DES MOINES IA
TITLE	T
NAME	HARGENS, DENNIS D.
STREET ADDRESS	604 LOCUST STREET
CITY - ST - ZIP	DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Print Name)