

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

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



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 21 909 Locust Street Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 909 Locust Street Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 06/02/1954		3a. Date of Last Report 02/06/1996	
24		29		4. FEI Number 42-0236150		Applied For Not Applicable	
24		29		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 title if applicable

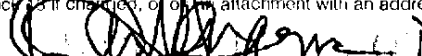
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIMAN, JOHN A	1.2 NAME	
STREET ADDRESS	604 LOCUST STREET	1.3 STREET ADDRESS	909 Locust St
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEPPL, BETH B	2.2 NAME	
STREET ADDRESS	604 LOCUST STREET	2.3 STREET ADDRESS	909 LOCUST ST
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, ARTHUR	3.2 NAME	VD
STREET ADDRESS	604 LOCUST STREET	3.3 STREET ADDRESS	Lawrence Vining Durland Jr
CITY-ST-ZIP	DES MOINES, IA 00000	3.4 CITY-ST-ZIP	909 Locust St.
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARGENS, DENNIS D.	4.2 NAME	
STREET ADDRESS	604 LOCUST STREET	4.3 STREET ADDRESS	909 LOCUST ST.
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my attachment with an address.

SIGNATURE:

 Dennis D. Hargens 9/11/97 515-698-7061

CR2E034 (4/97)