

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
909 LOCUST ST
P O BOX 1635
DES MOINES IA 50306
US

Mailing Address
909 LOCUST ST
P O BOX 1635
DES MOINES IA 50306
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/02/1954	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		42-0236150	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SD	DELETE		1.1 TITLE	S	Change	Addition
NAME	MERRIMAN, JOHN A			1.2 NAME	Mumford, James R		
STREET ADDRESS	909 LOCUST ST			1.3 STREET ADDRESS	909 LOCUST ST		
CITY-ST-ZIP	DES MOINES IA			1.4 CITY-ST-ZIP	Des Moines IA		
TITLE	VD	DELETE		2.1 TITLE		Change	Addition
NAME	NEPPL, BETH B			2.2 NAME			
STREET ADDRESS	909 LOCUST ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA			2.4 CITY-ST-ZIP			
TITLE	VD	DELETE		3.1 TITLE		Change	Addition
NAME	DURLAND, LAWRENCE V			3.2 NAME			
STREET ADDRESS	909 LOCUST ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA			3.4 CITY-ST-ZIP			
TITLE	T	DELETE		4.1 TITLE		Change	Addition
NAME	HARGENS, DENNIS D.			4.2 NAME			
STREET ADDRESS	909 LOCUST ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	DES MOINES IA			4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	PD	Change	Addition
NAME				5.2 NAME	Larson Paul		
STREET ADDRESS				5.3 STREET ADDRESS	909 LOCUST ST		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Des Moines IA		
TITLE		DELETE		6.1 TITLE		Change	Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 an attachment with an address.

SIGNATURE _____ 1/19/98 515-698-71061

CR2E034 (10/97)