

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90021 025 ***150.00

DOCUMENT # 809845

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

3. Date Incorporated or Qualified

06/02/1954

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
S	MUMFORD, JAMES R	909 LOCUST ST	DES MOINES IA	
VD	NEPPL, BETH B	909 LOCUST ST	DES MOINES IA	<input checked="" type="checkbox"/>
VD	DURLAND, LAWRENCE V	909 LOCUST ST	DES MOINES IA	<input checked="" type="checkbox"/>
T	HARGENS, DENNIS D.	909 LOCUST ST	DES MOINES IA	<input checked="" type="checkbox"/>
PD	LARSON, PAUL	909 LOCUST ST	DES MOINES IA	<input checked="" type="checkbox"/>
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Director	Thomas L. May	909 Locust Street	Des Moines Ia 50309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Director	Christopher R. Welp	909 Locust Street	Des Moines Ia 50309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Chief accounting officer	Michelle A. Wiplin	909 Locust Street	Des Moines Ia 50309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
President	Reginald A. Armstrong	909 Locust Street	Des Moines Ia 50309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

Date

515-698-7503

Daytime Phone #

CR2E034 (11/98)