

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90072 047 ***150.00

DOCUMENT # 809845

1. Entity Name

EQUITABLE LIFE INSURANCE COMPANY OF IOWA

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5780 Powers Ferry Rd NW

Atlanta Tax Dept, P-3

Atlanta, GA

30327

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **42-0236150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax: filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	MUMFORD, JAMES R	
STREET ADDRESS	909 LOCUST ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAY, THOMAS L	
STREET ADDRESS	909 LOCUST ST	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELP, CHRISTOPHER B	
STREET ADDRESS	909 LOCUST ST	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILGIN, MICHALLEN A	
STREET ADDRESS	909 LOCUST STREET	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	P	<input type="checkbox"/> Delete
NAME	ARMSTRONG, REGINALD A	
STREET ADDRESS	909 LOCUST STREET	
CITY-ST-ZIP	DESMOINES IA 50309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David S Pendergrass
STREET ADDRESS	5780 Powers Ferry Rd NW
CITY-ST-ZIP	Atlanta, GA 30327
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnett Chernow
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 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

Date

Daytime Phone #

CP2E034 (10/00)