

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90322 001 ***450.00

DOCUMENT # 809845

1. Entity 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

**5780 POWERS FERRY ROAD NW
 ATTN: TAX DEPT. P-3
 ATLANTA GA 30327
 US**

2. Principal Place of Business

3. Mailing Address
20 Washington Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Route 1261

City & State

City & State
Minneapolis, MN

Zip

Country

Zip
55401

Country
USA

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

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MUMFORD, JAMES R	
STREET ADDRESS	909 LOCUST ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAY, THOMAS L	
STREET ADDRESS	909 LOCUST ST	
CITY-ST-ZIP	DES MOINES IA 50309	
TITLE	D	<input checked="" 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	PENDERGRASS, DAVID S	
STREET ADDRESS	5780 POWERS FERRY ROAD NW	
CITY-ST-ZIP	ATLANTA GA 30327	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BARNETT, CHERNOW	
STREET ADDRESS	909 LOCUST STREET	
CITY-ST-ZIP	DESMOINES IA 50309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula Cludray-Engelke	
STREET ADDRESS	20 Washington Avenue S.	
CITY-ST-ZIP	Minneapolis, MN 55401	
TITLE	D & CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wayne Huneke	
STREET ADDRESS	5780 Powers Ferry Road, NW	
CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	D-Randy Lowery	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5780 Powers Ferry Rd. NW	
STREET ADDRESS	Atlanta, GA 30327	
CITY-ST-ZIP		
TITLE	VP & T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David S. Pendergrass	
STREET ADDRESS	address the same as before	
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris D. Schreier	
STREET ADDRESS	5780 Powers Ferry Road, NW	
CITY-ST-ZIP	Atlanta, GA 30327	
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paula Cludray-Engelke 4/16/02 612/342-3968

CR2E034 (9/01)