FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **812353** (1)

1. Corporation Name
FARM BUREAU LIFE INSURANCE COMPANY

Principal Place of Business
5400 UNIVERSITY AVENUE
WEST DES MOINES IA 50266

Mailing Address
5400 UNIVERSITY AVENUE
WEST DES MOINES IA 50266

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1957
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business
21 5400 University Avenue
Suite, Apt #, etc.
22 Attn: Tax Department
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 5400 University Avenue
Suite, Apt #, etc.
27 Attn: Tax Department
City & State
28
Zip 29 Country 30

4. FEI Number: 42-0623913 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 of current or proposed registered agent and the Corporate) (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PLAGGE, MERLIN D.	1.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	WEST DES MOINES IA	1.4 CITY, ST, ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SIEBENS,DARYL J.	2.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	2.3 STREET ADDRESS	
CITY, ST, ZIP	WEST DES MOINES IA	2.4 CITY, ST, ZIP	
TITLE	TS	3.1 TITLE	☐ Change ☐ Addition
NAME	MAAHS, EUGENE R.	3.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVE.	3.3 STREET ADDRESS	
CITY, ST, ZIP	WEST DES MOINES IA	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	EKSTRUM, RICHARD	4.2 NAME	
STREET ADDRESS	RR 1, BOX 11	4.3 STREET ADDRESS	
CITY, ST, ZIP	KIMBALL SD 57355	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GLIENKE, ERNIE A.	5.2 NAME	
STREET ADDRESS	RR 2, BOX 41	5.3 STREET ADDRESS	
CITY, ST, ZIP	AURELIA IA	5.4 CITY, ST, ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CHRISTOPHERSON, O.AL	6.2 NAME	
STREET ADDRESS	RR 1	6.3 STREET ADDRESS	
CITY, ST, ZIP	PENNOCK MN 56279	6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any attachment with an address.

SIGNATURE: Eugene R. Maahs — 04/03/95 — 515/225-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Business Phone #

0400041 FN