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May 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 812353 (1)

1. Corporation Name

FARM BUREAU LIFE INSURANCE COMPANY

Principal Place of Business

5400 UNIVERSITY AVENUE
ATTN: TAX DEPARTMENT
WEST DES MOINES IA 50266
US

Mailing Address

5400 UNIVERSITY AVE
ATTN: TAX DEPT.
WEST DES MOINES IA 50266-5950
US



3. Date Incorporated or Qualified

11/21/1957

3a. Date of Last Report

04/19/1996

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt #, etc.

27

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

10. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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 P ☐ DELETE

NAME EDWARD M. WIEDERSTEIN
STREET ADDRESS 5400 UNIVERSITY AVENUE
CITY-ST-ZIP WEST DES MOINES IA

TITLE VP ☐ DELETE

NAME CRAIG A LANG
STREET ADDRESS 5400 UNIVERSITY AVENUE
CITY-ST-ZIP WEST DES MOINES IA

TITLE TS ☒ DELETE

NAME MAAS, EUGENE R.
STREET ADDRESS 5400 UNIVERSITY AVE.
CITY-ST-ZIP WEST DES MOINES IA

TITLE D ☐ DELETE

NAME RICHARD G KJERSTAD
STREET ADDRESS 20055 WOLF ROAD
CITY-ST-ZIP QUINN SO

TITLE D ☐ DELETE

NAME GLIENKE, ERNIE A.
STREET ADDRESS RR 2, BOX 41
CITY-ST-ZIP AURELIA IA

TITLE D ☐ DELETE

NAME CHRISTOPHERSON, O.AL
STREET ADDRESS RR 1
CITY-ST-ZIP PENNOCK MN 56279

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Richard D Harris Richard D Harris 5-20-97 515-205-5403

CR2E034 (9/96)