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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
5400 UNIVERSITY AVENUE ATTN: TAX DEPARTMENT WEST DES MOINES IA 50266 US	5400 UNIVERSITY AVE ATTN: TAX DEPT. WEST DES MOINES IA 50266 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
11/21/1957

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EDWARD M. WIEDERSTEIN		1.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRAIG A LANG		2.2 NAME	
STREET ADDRESS	5400 UNIVERSITY AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, RICHARD D		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	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD G KJERSTAD		4.2 NAME	
STREET ADDRESS	20055 WOLF ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINN SO		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	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 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: Edward M Wiederstein 4/23/98

CR2E034 (10/97)