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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
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
US

DO NOT WRITE IN THIS SPACE

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

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

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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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	ST	☐ DELETE
NAME	HARRIS, RICHARD D	
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		

CR2E034 (10/97)

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