

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 812353**

1. Entity Name

FARM BUREAU LIFE INSURANCE COMPANY**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90004 013 ***150.00

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **42-0623913**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301**

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, 2000 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	EDWARD M. WIEDERSTEIN	
STREET ADDRESS	5400 UNIVERSITY AVENUE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRAIG A LANG	
STREET ADDRESS	5400 UNIVERSITY AVENUE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARRIS, RICHARD D	
STREET ADDRESS	5400 UNIVERSITY AVE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARD G KJERSTAD	
STREET ADDRESS	20055 WOLF ROAD	
CITY-ST-ZIP	QUINN SO	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLIENKE, ERNIE A.	
STREET ADDRESS	RR 2, BOX 41	
CITY-ST-ZIP	AURELIA IA	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTOPHERSON, O.AL	
STREET ADDRESS	RR 1	
CITY-ST-ZIP	PENNOCK MN 56279	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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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 all other like empowered.

SIGNATURE:**EDWARD M. WIEDERSTEIN, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIS-225-5