2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90150 016 ***150.00

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DOCUMENT # 812353

1. Entity Name
FARM BUREAU LIFE INSURANCE COMPANY

11012735

Principal Place of Business	Mailing Address
5400 UNIVERSITY AVENUE ATTN: THOMAS E. BURLINGAME WEST DES MOINES IA 50266 US	5400 UNIVERSITY AVENUE ATTN: THOMAS E. BURLINGAME WEST DES MOINES IA 50266 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Attn: David A. McNeill	Suite, Apt. #, etc. Attn: David A. McNeill
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 42-0623913 ☐ Applied For ☐ Not Applicable

5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LANG, CRAIG A 5400 UNIVERSITY AVE WEST DES MOINES IA 50266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V POULSON, DAN 1212 DEMING WAY MADISON WI 53717	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Howard D. Poulson	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DOWIN, JERRY C 5400 UNIVERSITY AVE WEST DES MOINES IA 50266	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jerry C. Downin	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHARD G KJERSTAD 601 BADLANDS WALL SD 57790	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, CRAIG D 1160 210TH STREET MILO IA 50166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	11620 210th Street	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTOPHERSON, AL 3080 EAGANDALE PLACE EAGAN MN 55121	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David A. McNeill David A. McNeill 4/18/03 (515) 225-5989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vice President-Assistant General Counsel