2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2006 8:00 am Secretary of State

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DOCUMENT # 841182 1. Entity Name HOMESTEADERS LIFE COMPANY						02-13-2006	_			
Principal Plac	e of Business	Mailing Address				-				
5700 WESTO WEST DES M	own PKWY Oines, IA 50266	P.O. BOX 1756 DES MOINES, IA 50306	i			1				
									in .	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02082006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Num	ber 16600		Applied I		
Zip	Country	Zip	Country			e of Status Desired		Not Appl 75 Additional		
	6 Name and Address of Current	Desistered Asset	Т				Fee	Required		
	6. Name and Address of Current	Registered Agent	Name		/. Name an	d Address of New I	kegistered Agen	1	_	
CHIEF FINANCIAL OFFICER				***************************************						
P O BOX 6200 (32314-6200)			Street A	Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAINES ST TALLAHASSEE, FL 32399-0000										
	,		City			·	FL	Zip Code		
The above named entity submits this statement for the purpose of changing its registere				. ranietor	ad agant or h	oth in the State of El		or with and or		
	ions of registered agent.	The purpose of changing its i	egistered onice o	riegisiei	eo agent, or c	our, in the state of Fi	ionda. Tam iamii	iar with, and at	ccept	
DIOMATRIDE										
SIGNATURE Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent aignature					when reinstating)		DATE		_	
	***************************************	. 5								
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5. Adde	00 May Be od to Fees					
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10. 1111 F	OFFICERS AND	DIRECTORS	11.			S/CHANGES TO OFF				
10. TITLE NAME	Y ************************************		11. TITLE NAME			S/CHANGES TO OF			ddition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental toport 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:

Graham J. Cook 2/8/06

515-440-7777

Daytime Phone #

Date

ALIACHMENI

#841182

40013716

HOMESTEADERS LIFE COMPANY

OFFICERS AND DIRECTORS (CONTINUED)

ITEM 10:

JAMES R. HOPSON - DIRECTOR 5700 WESTOWN PARKWAY WEST DES MOINES, IA 50266

PETER A BROWN- DIRECTOR 5700 WESTOWN PARKWAY WEST DES MOINES, IA 50266

MARY K. ROTH - DIRECTOR 5700 WESTOWN PARKWAY WEST DES MOINES, IA 50266