## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 20, 2007 8:00 am **Secretary of State DOCUMENT #841182** 02-20-2007 90038 049 \*\*\*150.00 HOMESTEADERS LIFE COMPANY Principal Place of Business Mailing Address 5700 WESTOWN PKWY 40020826 P.O. BOX 1756 WEST DES MOINES, IA 50266 DES MOINES, IA 50306 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #\_etc. Suite Ant # etc. 02122007 Cha-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 42-0316600 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!!. FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ☐ Change ☐ Addition TITLE NEWLAND, WILLIAM H MD NAME NAME 5700 WESTOWN PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST DES MOINES, IA 50266 CITY-ST-ZIP TITLE **EVPT** ☐ Delete TITLE ☐ Change ☐ Addition HARE, GLEN R NAME NAME 5700 WESTOWN PKWY STREET ADDRESS STREET ADDRESS WEST DES MOINES, IA 50266 CITY-ST-ZIP City-St-ZIP ☐ Delete TITLE ☐ Change ■ Addition WORTMAN, ROBERT D NAME NAME STREET ADDRESS 5700 WESTOWN PKWY STREET ADDRESS CITY-ST-ZIP WEST DES MOINES, IA 50266 CITY-ST-ZIP CORP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME, -COOK, GRAHAM J. NAME STREET ADDRESS 5700 WESTOWN PKWY STREET ADDRESS CITY-ST-7IP WEST DES MOINES, IA 50266 CITY-ST-ZIP **FVPS** Delete TITLE TITLE Exec VP/Secretary ☐ Change WILSON, GEORGE A III Judith A. Ralston-Hansen STREET ADDRESS 5700 WESTOWN PKWY STREET ADDRESS 5700 Westown Parkway CITY-ST-ZIP WEST DES MOINES, IA 50266 CITY-ST-ZIP 50266 West Des Moines, IA Director Delete TITLE ☐ Change TITLE D X Addition MEGINNIS, PAUL JOHN II NAME James Robert Hopson

FILED

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes | 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 unit an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

5700 Westown Parkway

West Des Moines, IA

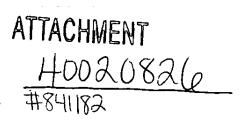
5700 WESTOWN PKWY

WEST DES MOINES, IA 50266

STREET ADDRESS

2/13/2007 515-440-7777 Graham J. Cook, SIGNATURE KINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # President

1.15



**HOMESTEADERS LIFE COMPANY** 

OFFICERS AND DIRECTORS (CONTINUED)

**ITEM 10:** 

DONALD BRUCE PESCHKE - 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