

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90013 042 ***150.00

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1. Entity Name
HOMESTEADERS LIFE COMPANY



Principal Place of Business
**5700 WESTOWN PKWY
WEST DES MOINES, IA 50266**

Mailing Address
**P.O. BOX 1756
DES MOINES, IA 50306**

40026083



01312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 42-0316600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWLAND, WILLIAM H MD 5700 WESTOWN PKWY WEST DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPT HARE, GLEN R 5700 WESTOWN PKWY WEST DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTMAN, ROBERT D 5700 WESTOWN PKWY WEST DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBP COOK, GRAHAM J. 5700 WESTOWN PKWY WEST DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS RALSTON -HANSEN, JUDITH A 5700 WESTOWN PKWY WEST DES MOINES, IA 50266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPSON, JAMES R 5700 WESTOWN PKWY WEST DES MOINES, IA 50266

**DO NOT WRITE
IN THIS SPACE**

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Graham J Cook
President/CEO**

1/31/2008

Date

515-440-7777

Daytime Phone #

ATTACHMENT

HOMESTEADERS LIFE COMPANY

40026083

841182

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