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Special Instructions to Filing Officer:		





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SUFFICIENCY OF FILING

2014 NOV 26 AM 10: 0

DEC O 1.2004 J. BRUCE



ACCOUNT NO. : I2000000195

REFERENCE: 393149 7652832

AUTHORIZATION

COST LIMIT

ORDER DATE: November 25, 2014

ORDER TIME : 8:51 AM

ORDER NO. : 393149-030

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: ET LIFE 1099 REPORTING

COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY ____ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ET Life 1099 Reporting Company, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
Name of Person
Firm/Company
Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
at ()
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building Clifton Building Tallahassee, FL 32314 Division of Corporations Registration Section Clifton Building Tallahassee, FL 32314
Enclosed is a check for the following amount: Status & Certified Copy Status & Certified Copy Status & Certified Copy OR AR DO OR AR DO OR D

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: ET Life 1099 Reporting Company, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 401 Pennsylvania Parkway, Suite 300, Indianapolis, IN 46280 (Street Address of Principal Office) 401 Pennsylvania Parkway, Suite 300, Indianapolis, IN 46280 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are EquiTrust Life Insurance Company, its Member 227 W. Monroe Street, Suite 5040, Chicago, Illinois 60606 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopyds not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the populates of perjury that the facts stated berein are true. am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stephen M. Coons, Authorized Person

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	le, the alternate to be used	g Company, LLC in the state of Florida is:	
2. The name	e and the Florida street add	ress of the registered agent and office are:	
	Corporation	Service Company	
		(Name)	
	1201 Hays S	treet	
		et Address (P.O. Box NOT ACCEPTABLE)	
	Tallahasse	FL 32301	2014
Having been	named as revistered aven	City/State/Zip and to accept service of process for the above stated lifeted	92 AON 116
liahility com registered ag statutes relat	nany at the place designate ent and agree to act in this ing to the proper and comp	the state of the s	AH IO: C

(Signature)

Statutes.

Courtney Williams
Asst. Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ET LIFE 1099 REPORTING COMPANY,
LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND
IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF
NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ET LIFE 1099 REPORTING COMPANY, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5559709 8300

141444011

AUTHENTICATION: 1890414

DATE: 11-21-14

You may verify this certificate online at corp.delaware.gov/authver.shtml