

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400008526

**Entity Name:** ET LIFE 1099 REPORTING COMPANY, LLC

**Current Principal Place of Business:**

401 PENNSYLVANIA PARKWAY, SUITE 300  
INDIANAPOLIS, IN 46280

**Current Mailing Address:**

401 PENNSYLVANIA PARKWAY, SUITE 300  
INDIANAPOLIS, IN 46280

**FEI Number:** 47-1232187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            MBR  
Name            EQUITRUST LIFE INSURANCE  
                  COMPANY  
Address        401 PENNSYLVANIA PARKWAY,  
                  SUITE 300  
City-State-Zip: INDIANAPOLIS IN 46280

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES L. FOORMAN

**SECRETARY OF MEMBER** 04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date