## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008526

Entity Name: ET LIFE 1099 REPORTING COMPANY, LLC

**Current Principal Place of Business:** 

10555 GROUP 1001 WAY ZIONSVILLE, IN 46077

**Current Mailing Address:** 

10555 GROUP 1001 WAY ZIONSVILLE. IN 46077 US

**FEI Number: NOT APPLICABLE** 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

**FILED** Apr 28, 2023

**Secretary of State** 

9057549846CC

## Authorized Person(s) Detail:

Title **MEMBER** 

**EQUITRUST LIFE INSURANCE** Name

**COMPANY** 

222 WEST ADAMS STREET Address

**SUITE 2150** 

City-State-Zip: CHICAGO IL 60606

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. CAHALAN

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED PERSON** 

04/28/2023

Date