

1.) CORPORATION NAME:

EquiTrust Life Insurance Company

DUE DATE: **1/31/2012**

SCC ID NO: **F0422024**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

**BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5400 UNIVERSITY AVENUE

CITY/ST/ZIP: WEST DES MOINES, IA 50266-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER DIRECTOR

NAME: JEFFREY S. LANGE
TITLE: PRESIDENT
ADDRESS: 8425 WOODFIELD CROSSING BLVD
SUITE 305E
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46240-

OFFICER DIRECTOR

NAME: DANIEL J. TOWRISS
TITLE: SECRETARY
ADDRESS: 8425 WOODFIELD CROSSING BLVD
SUITE 305E
CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46240-

OFFICER DIRECTOR

NAME: JAMES D. PURVIS
TITLE: TREASURER
ADDRESS: 227 WEST MONROE STREET
SUITE 4800
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER DIRECTOR

NAME: SCOTT NEILL
TITLE: CIO
ADDRESS: 227 WEST MONROE STREET
SUITE 4800
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

NAME: DONALD C. CACCIAPAGLIA TITLE: DIRECTOR ADDRESS: 135 EAST 57TH STREET 8TH FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10022-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: DAVID L. KORMAN TITLE: DIRECTOR ADDRESS: 227 WEST MONROE STREET SUITE 4800 CITY/ST/ZIP/CO: CHICAGO, IL 60606-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARK R. WALTER TITLE: DIRECTOR ADDRESS: 227 WEST MONROE STREET SUITE 4800 CITY/ST/ZIP/CO: CHICAGO, IL 60606-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: B. SCOTT MINERD TITLE: DIRECTOR ADDRESS: 100 WILSHIRE BOULEVARD SUITE 2000 CITY/ST/ZIP/CO: SANTA MONICA, CA 90401-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
<u>/s/ DANIEL J. TOWRISS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DANIEL J. TOWRISS, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>1/27/2012</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		