

1.) CORPORATION NAME:

**EquiTrust Life Insurance Company**

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0422024**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 WESTOWN PARKWAY  
SUITE 200

CITY/ST/ZIP: WEST DES MOINES, IA 50306

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.

NAME:	JEFFREY S. LANGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8425 WOODFIELD CROSSING BLVD		
CITY/ST/ZIP/CO:	SUITE 305E INDIANAPOLIS, IN 46240		

NAME:	DANIEL J. TOWRISS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8425 WOODFIELD CROSSING BLVD		
CITY/ST/ZIP/CO:	SUITE 305E INDIANAPOLIS, IN 46240		

NAME:	JAMES D. PURVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	227 WEST MONROE STREET		
CITY/ST/ZIP/CO:	SUITE 4800 CHICAGO, IL 60606		

NAME:	FRANK K NEILL, III	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CIO		
ADDRESS:	227 WEST MONROE STREET		
CITY/ST/ZIP/CO:	SUITE 4800 CHICAGO, IL 60606		

NAME:	DAVID L. KORMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	227 WEST MONROE STREET		
CITY/ST/ZIP/CO:	SUITE 4800 CHICAGO, IL 60606		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	B. SCOTT MINERD DIRECTOR 100 WILSHIRE BOULEVARD SUITE 2000 SANTA MONICA, CA 90401	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WAYNE S DIVINEY DIRECTOR 7082 BEMBE BEACH RD SUITE 204 ANNAPOLIS, MD 21403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS A CULLEN DIRECTOR 811 TURNBERRY LN NORTHBROOK, IL 60062	<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.			
/s/ JEFFREY S. LANGE	JEFFREY S. LANGE, PRESIDENT	1/28/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.			