

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

EquiTrust Life Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0422024**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,500

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 401 PENNSYLVANIA PARKWAY
SUITE 300

CITY/ST/ZIP: INDIANAPOLIS, IN 46280

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 type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	330 MADISON AVE.		
CITY/ST/ZIP/CO:	10TH FLOOR NEW YORK, NY 10017		

NAME:	JAMES D. PURVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	401 PENNSYLVANIA PARKWAY SUITE 300		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46280		

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

NAME:	DENNIS A CULLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	811 TURNBERRY LN		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

NAME:	WAYNE S DIVINEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7082 BEMBE BEACH RD SUITE 204		
CITY/ST/ZIP/CO:	ANNAPOLIS, MD 21403		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L. KORMAN DIRECTOR 227 WEST MONROE STREET SUITE 4800 CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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:	BRIAN T. SIR DIRECTOR 227 WEST MONROE STREET SUITE 4800 CHICAGO, IL 60606	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN M. COONS ASST SECRETARY 401 PENNSYLVANIA PARKWAY SUITE 300 INDIANAPOLIS, IN 46280	<input checked="" type="checkbox"/> OFFICER	<input 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/ STEPHEN M. COONS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN M. COONS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/16/2014 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.			