

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 |
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| 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 | | |
| CITY/ST/ZIP/CO: | SUITE 300 INDIANAPOLIS, IN 46280 | | |

| | | | |
|-----------------|-------------------------------------|---|-----------------------------------|
| NAME: | STEPHEN M. COONS | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | ASST SECRETARY | | |
| ADDRESS: | 401 PENNSYLVANIA PARKWAY | | |
| CITY/ST/ZIP/CO: | SUITE 300 INDIANAPOLIS, IN 46280 | | |

| | | | |
|-----------------|---------------------------------|---|-----------------------------------|
| NAME: | JAMES L. FOORMAN | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| TITLE: | SECRETARY | | |
| ADDRESS: | 227 WEST MONROE | | |
| CITY/ST/ZIP/CO: | SUITE 4800 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: 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: | 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 |
| 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 | 2/8/2014 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. | | | |