

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **812353** (1)

1. Corporation Name  
**FARM BUREAU LIFE INSURANCE COMPANY**



Principal Place of Business: **5400 UNIVERSITY AVENUE ATTN: TAX DEPARTMENT WEST DES MOINES IA 50266 US**  
Mailing Address: **5400 UNIVERSITY AVE ATTN: TAX DEPT. WEST DES MOINES IA 50266 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **11/21/1957**  
3a. Date of Last Report: **04/18/1995**  
4. FEI Number: **42-0623913**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **THE INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301**  
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: <b>PLAGGE, MERLIN D.</b> STREET ADDRESS: <b>5400 UNIVERSITY AVE.</b> CITY-ST-ZIP: <b>WEST DES MOINES IA</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>PRESIDENT</b> 1.2 NAME: <b>EDWARD M. WILDERSTEIN</b> 1.3 STREET ADDRESS: <b>5400 UNIVERSITY AVENUE</b> 1.4 CITY-ST-ZIP: <b>WEST DES MOINES, IA 50266</b>
TITLE: V	NAME: <b>SIEBENS, DARYL J.</b> STREET ADDRESS: <b>5400 UNIVERSITY AVE.</b> CITY-ST-ZIP: <b>WEST DES MOINES IA</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <b>VICE - PRESIDENT</b> 2.2 NAME: <b>CRAIG A. LANG</b> 2.3 STREET ADDRESS: <b>5400 UNIVERSITY AVENUE</b> 2.4 CITY-ST-ZIP: <b>WEST DES MOINES, IOWA 50266</b>
TITLE: TS	NAME: <b>MAAHS, EUGENE R.</b> STREET ADDRESS: <b>5400 UNIVERSITY AVE.</b> CITY-ST-ZIP: <b>WEST DES MOINES IA</b>	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY-ST-ZIP: _____
TITLE: D	NAME: <b>EKSTRUM, RICHARD</b> STREET ADDRESS: <b>RR 1, BOX 11</b> CITY-ST-ZIP: <b>KIMBALL SD 57355</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <b>DIRECTOR</b> 4.2 NAME: <b>RICHARD G. KJERSTAD</b> 4.3 STREET ADDRESS: <b>20055 NOLF ROAD</b> 4.4 CITY-ST-ZIP: <b>QUINN, SOUTH DAKOTA</b>
TITLE: D	NAME: <b>GLIENKE, ERNIE A.</b> STREET ADDRESS: <b>RR 2, BOX 41</b> CITY-ST-ZIP: <b>AURELIA IA</b>	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____
TITLE: D	NAME: <b>CHRISTOPHERSON, O.AL</b> STREET ADDRESS: <b>RR 1</b> CITY-ST-ZIP: <b>PENNOCK MN 56279</b>	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Eugene R. Maahs* **EUGENER, MAAHS** 04/04/96 (SIS) 125-5400

CR2E034 (12/95)