

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812353 (1)
 1. Corporation Name
FARM BUREAU LIFE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 11/21/1957	4. FEI Number 42-0623913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	EDWARD M. WIEDERSTEIN	
STREET ADDRESS	5400 UNIVERSITY AVENUE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CRAIG A LANG	
STREET ADDRESS	5400 UNIVERSITY AVENUE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HARRIS, RICHARD D	
STREET ADDRESS	5400 UNIVERSITY AVE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARD G KJERSTAD	
STREET ADDRESS	20055 WOLF ROAD	
CITY-ST-ZIP	QUINN SO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUENKE, ERNE A.	
STREET ADDRESS	RR 2, BOX 41	
CITY-ST-ZIP	AURELIA IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHRISTOPHERSON, O.AL	
STREET ADDRESS	RR 1	
CITY-ST-ZIP	PENNOCK MN 56279	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Edward M. Wiederstein*

4/23/98

CR2E034 (10/97)