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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 812353

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	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number 42-0623913		
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24 25	29 30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	GLJENKE, ERNIE 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, with all other like empowered.

SIGNATURE: Edward M. Wiederstein Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)