

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90004 013 ***150.00

DOCUMENT # 812353

1. Entity 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 50266-5950 US
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **42-0623913** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD M. WIEDERSTEIN	NAME	
STREET ADDRESS	5400 UNIVERSITY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAIG A LANG	NAME	
STREET ADDRESS	5400 UNIVERSITY AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RICHARD D	NAME	
STREET ADDRESS	5400 UNIVERSITY AVE	STREET ADDRESS	
CITY-ST-ZIP	WEST DES MOINES IA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD G KJERSTAD	NAME	
STREET ADDRESS	20055 WOLF ROAD	STREET ADDRESS	
CITY-ST-ZIP	QUINN SO	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLIENKE, ERNIE A.	NAME	
STREET ADDRESS	RR 2, BOX 41	STREET ADDRESS	
CITY-ST-ZIP	AURELIA IA	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTOPHERSON, O.AL	NAME	
STREET ADDRESS	RR 1	STREET ADDRESS	
CITY-ST-ZIP	PENNOCK MN 56279	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward M. Wiederstein **EDWARD M. WIEDERSTEIN, PRESIDENT** SIS-225-51
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #