

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90150 016 ***150.00

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DOCUMENT # 812353



1. Entity Name
FARM BUREAU LIFE INSURANCE COMPANY

Principal Place of Business
5400 UNIVERSITY AVENUE
ATTN: THOMAS E. BURLINGAME
WEST DES MOINES IA 50266
US

Mailing Address
5400 UNIVERSITY AVENUE
ATTN: THOMAS E. BURLINGAME
WEST DES MOINES IA 50266
US

11012735



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Attn: David A. McNeill

Suite, Apt. #, etc.
Attn: David A. McNeill

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **42-0623913**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LANG, CRAIG A | |
| STREET ADDRESS | 5400 UNIVERSITY AVE | |
| CITY-ST-ZIP | WEST DES MOINES IA 50266 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | POULSON, DAN | |
| STREET ADDRESS | 1212 DEMING WAY | |
| CITY-ST-ZIP | MADISON WI 53717 | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | DOWIN, JERRY C | |
| STREET ADDRESS | 5400 UNIVERSITY AVE | |
| CITY-ST-ZIP | WEST DES MOINES IA 50266 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RICHARD G KJERSTAD | |
| STREET ADDRESS | 601 BADLANDS | |
| CITY-ST-ZIP | WALL SD 57790 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HILL, CRAIG D | |
| STREET ADDRESS | 1160 210TH STREET | |
| CITY-ST-ZIP | MILO IA 50166 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHRISTOPHERSON, AL | |
| STREET ADDRESS | 3080 EAGANDALE PLACE | |
| CITY-ST-ZIP | EAGAN MN 55121 | |

| | | |
|----------------|--------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Howard D. Poulson | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jerry C. Downin | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 11620 210th Street | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David A. McNeill* **David A. McNeill** 4/18/03 (515) 225-5989

Vice President-Assistant General Counsel

Date Daytime Phone #

CR2E034 (10/02)