FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **805274** **(8)**

1. Corporation Name
STANDARD LIFE INSURANCE COMPANY OF INDIANA

Principal Place of Business	Mailing Address
9100 KEYSTONE CROSSING SUITE 600 INDIANAPOLIS IN 46240	9100 KEYSTONE CROSSING SUITE 600 INDIANAPOLIS IN 46240

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/21/1940
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 35-0679520 — Applied For ☐ Not Applicable ☐

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	10. Name and Address of New Registered Agent
COMMISSIONER OF INSURANCE STATE CAPITOL TALLAHASSEE FL 32304	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	TO	☐ Change ☒ Addition
NAME	HUNTER, RONALD D.	1.2 NAME	QUINN, JOHN J	
STREET ADDRESS	9100 KEYSTONE CROSSING	1.3 STREET ADDRESS	9100 KEYSTONE CROSSING	
CITY-ST-ZIP	INDIANAOLIS IN	1.4 CITY-ST-ZIP	INDIANAPOLIS, IN	
TITLE	P	2.1 TITLE	D	☐ Change ☒ Addition
NAME	OHLSON, RAYMOND J	2.2 NAME	TODD, DAVID L	
STREET ADDRESS	9100 KEYSTONE CROSSING	2.3 STREET ADDRESS	9100 KEYSTONE CROSSING	
CITY-ST-ZIP	INDIANAOLIS IN	2.4 CITY-ST-ZIP	INDIANAPOLIS, IN	
TITLE	~~V~~	3.1 TITLE		☒ Change ☐ Addition
NAME	~~BOEHRMAN, WILLARD F.~~	3.2 NAME		
STREET ADDRESS	~~9100 KEYSTONE CROSSING~~	3.3 STREET ADDRESS		
CITY-ST-ZIP	~~INDIANAPOLIS IN~~	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	D	☐ Change ☐ Addition
NAME	KNIESER, MARTIAL R.	4.2 NAME	SETTLE, KEITH W	
STREET ADDRESS	9100 KEYSTONE CROSSING	4.3 STREET ADDRESS	9100 KEYSTONE CROSSING	
CITY-ST-ZIP	INDIANAOLIS IN	4.4 CITY-ST-ZIP	INDIANAPOLIS, IN	
TITLE	VD	5.1 TITLE	V	☒ Change ☐ Addition
NAME	HOCHGESAND, GERALD R.	5.2 NAME		
STREET ADDRESS	9100 KEYSTONE CROSSING	5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP		
TITLE	SD	6.1 TITLE		☐ Change ☐ Addition
NAME	STAHL, EDWARD T	6.2 NAME		
STREET ADDRESS	9100 KEYSTONE CROSSING	6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	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)(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 the 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: Gerald R. Hochgesang GERALD R. HOCHGESANG 3/30/95 (317)574-6200
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTING OFFICER OR DIRECTOR — Date — Telephone Number

0476836 FP