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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

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 46240-2161

3. Date Incorporated or Qualified: 10/21/1940	3a. Date of Last Report: 05/01/1996
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	

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

COMMISSIONER OF INSURANCE
STATE CAPITOL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME: QUINN, JOHN J		1.2 NAME		
STREET ADDRESS: 9100 KEYSTONE CROSSING		1.3 STREET ADDRESS		
CITY-ST-ZIP: INDIANAPOLIS IN		1.4 CITY-ST-ZIP		
TITLE: D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME: TODD, DAVID L		2.2 NAME		
STREET ADDRESS: 9100 KEYSTONE CRSSOING		2.3 STREET ADDRESS		
CITY-ST-ZIP: INDIANAOLIS IN		2.4 CITY-ST-ZIP		
TITLE: D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME: SETTLE, KEITH W		3.2 NAME		
STREET ADDRESS: 9100 KEYSTONE CROSSING		3.3 STREET ADDRESS		
CITY-ST-ZIP: INDIANAOLIS IN		3.4 CITY-ST-ZIP		
TITLE: VD	☐ DELETE	4.1 TITLE	✓	☒ Change ☐ Addition
NAME: HOCHGESAND, GERALD R.		4.2 NAME		
STREET ADDRESS: 9100 KEYSTONE CROSSING		4.3 STREET ADDRESS		
CITY-ST-ZIP: INDIANAPOLIS IN		4.4 CITY-ST-ZIP		
TITLE: SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME: STAHL, EDWARD T		5.2 NAME		
STREET ADDRESS: 9100 KEYSTONE CROSSING		5.3 STREET ADDRESS		
CITY-ST-ZIP: INDIANAPOLIS IN		5.4 CITY-ST-ZIP		
TITLE: CD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME: HUNTER, RONALD D		6.2 NAME		
STREET ADDRESS: 9100 KEYSTONE CROSSING		6.3 STREET ADDRESS		
CITY-ST-ZIP: INDIANAPOLIS IN 46240		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Gerald Hochgesang 3/14/97 (317) 574-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #