FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 805274

(8)

STANDARD LIFE INSURANCE COMPANY OF INDIANA

FILED Apr 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address						
9100 KEYSTO	NE CROSSING SUITE 600	9100 KEYSTONE CROSS INDIANAPOLIS IN 46240		800				
					DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualified			1
					10/21/1940			İ
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	1
21		26			35-0679520		Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.7	Additional	1
22		27			5. Certificate of Status Desired	Fee	Required	l
City & State	9	City & State			6. Election Campaign Financing	\$5.0	May Be	1
23		28			Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid th	e current year	Intangible	1
24	25	29	30		Personal Property Tax due June 30.	☐ Yes	⊠ No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registe	ered Agent]
CO	MMISSIONER OF INSURANCE		8	1 Name				
STA	ATE CAPITOL		8	2 Street	Address (P.O. Box Number is Not Acceptable)			1
TAL	LLAHASSEE FL 32304		ľ	- 0	/ control (1,0. Dox (combo) to rect / coopiable)			
			8	3]
			8	4 0		105 7	- O-d-	4
			8	4 City		FL 85 Z	p Code	
11. Pursuant t	1- Ab	and 607.1508, Florida Statu	les, the abo	ve-named	corporation submits this statement for the purpo	se of changin	its registered	1
office or re	to the provisions of Sections 607,0502				poration's board of directors. I hereby accept the	appointment	as registered	1
agent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	of Florida. Such change was tions of, Section 607.05 <mark>05,</mark> Fl	authorized I orida Statut	by the corp es.				
SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State c m familiar with, and accept the obligat signature, typed or printed name of imposterios agent.					ATE.		_
SIGNATURE	egistered agent, or both, in the State on the mailiar with, and accept the obligated and the color of the obligated are the obligated and the color of the color	Land this if applicable (NO)				ATE		707
SIGNATURE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed nature of imposterics agent OFFICE RS AND	Land this if applicable (NO)	E Rogisterod A	gent signature	o required when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	ATE	ORS IN 12	10/07/
SIGNATURE	egistered agent, or both, in the State of mamiliar with, and accept the obligat signature, typed or printed nature of imposterica agent OFFICERS AND TD QUINN, JOHN J	l and tile if applicable (NO) DIRECTORS	E Registered A	gent signature	o required when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	110,071
SIGNATURE 12. TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligat Signature, typed or printed nature of imposterics agent OFFICE RS AND	l and tile if applicable (NO) DIRECTORS	13. 1.1 TITLE	gent signature	T D PHEFFER, PAUL B QUOD KEYSTONE CROSSING	AND DIRECT	ORS IN 12	=034 (10/07)
SIGNATURE 12. TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of mamiliar with, and accept the obligat signature, typed or printed nature of imposterica agent OFFICERS AND TD QUINN, JOHN J	l and tile if applicable (NO) DIRECTORS	13. 1.1 TITLE 1.2 NAM 1.3 STRE	gent signature	T D PHEFFER, PAUL B QUOD KEYSTONE CROSSING	AND DIRECT	ORS IN 12	39E034 (10/07)
SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State on familiar with, and accept the obligated Signature, typed or printed numer of impostred agent OFFICERS AND TO QUINN, JOHN J 9100 KEYSTONE CROSSING	l and tile if applicable (NO	13. 1.1 TITLE	gent signature E ET ADDRESS -ST-ZIP	o required when reinstating) D/ ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	DRS IN 12 e 🔀 Addition	CB2E034 (10/07)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of trigistered agent OFFICERS AND TO QUINN, JOHN J 9100 KEYSTONE CROSSING INDIANAPOLIS IN	Land the if applicable (NO) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY	egent signature E ET ADDRESS - ST - ZIP	T D PHEFFER, PAUL B QUOD KEYSTONE CROSSING	AND DIRECT	DRS IN 12 e 🔀 Addition	CD0E024 (10/07)
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14. Thereby 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 trusted 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.