2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90117 001 ***150.00

0603407 AT

DOCUMENT # 805274

1. Entity 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

2. Principal Place of Business	3. Mailing Address
10689 N. PENNSYLVANIA ST.	10689 N. PENNSYLVANIA ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INDIANA POLIS, IN	City & State: INDIANAPOLIS, IN
Zip: 46280 Country: USA	Zip: 46280 Country: USA

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

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
COMMISSIONER OF INSURANCE STATE CAPITOL TALLAHASSEE FL 32304	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	TD PHEFFER, PAUL B 9100 KEYSTONE CROSSING INDIANAPOLIS IN 46240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 10689 N. PENNSYLVANIA ST. INDIANAPOLIS, IN 46280 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TODD, DAVID L 9100 KEYSTONE CRSSOING INDIANAOLIS IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10689 N. PENNSYLVANIA ST. INDIANAPOLIS, IN 46280 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOCHGESAND, GERALD R. 9100 KEYSTONE CROSSING INDIANAPOLIS IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOCHGESANG, GERALD R. 10689 N. PENNSYLVANIA ST. INDIANAPOLIS, IN 46280 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STAHL, EDWARD T 9100 KEYSTONE CROSSING INDIANAPOLIS IN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10689 N. PENNSYLVANIA ST. INDIANAPOLIS, IN 46280 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUNTER, RONALD D 9100 KEYSTONE CROSSING INDIANAPOLIS IN 46240 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10689 N. PENNSYLVANIA ST. INDIANAPOLIS, IN 46280 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Gina Abudayeh REQUIRED 2/6/02 (317) 574-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #