2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 805274

1. Entity Name
STANDARD LIFE INSURANCE COMPANY OF INDIANA

Principal Place of Business	Mailing Address
10689 N PENNSYLVANIA ST INDIANAPOLIS, IN 46280 US	10689 N PENNSYLVANIA ST INDIANAPOLIS, IN 46280 US

07032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GUNTHER, JAMES D
STREET ADDRESS	10689 N PENNSYLVANIA ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46280
TITLE	T
NAME	OHLMANN, ANGELA L
STREET ADDRESS	10689 N PENNSYLVANIA ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46280
TITLE	S
NAME	KILKENNY, MICHAEL P
STREET ADDRESS	10689 N PENNSYLVANIA ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46280
TITLE	V
NAME	BROWN, JANIS L
STREET ADDRESS	10689 N PENNSYLVANIA ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46280
TITLE	V
NAME	HOCHGESANG, GERALD R
STREET ADDRESS	10689 N PENNSYLVANIA ST
CITY-ST-ZIP	INDIANAPOLIS, IN 46280
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Michael P. Kilkenny MICHAEL P. KILKENNY 7/06/07 (317)574-3440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #