

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY -1 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700001481387  
-05/09/95--01117--011  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # 813009 (8)  
1. Corporation Name  
ANTHEM LIFE INSURANCE COMPANY OF INDIANA

Principal Place of Business Mailing Address  
120 MONUMENT CIRCLE 120 MONUMENT CIR  
M2SL M2SL  
INDIANAPOLIS IN 46204-4903 INDIANAPOLIS IN 46204-4903  
US US

3. Date Incorporated or Qualified 09/25/1958 3a. Date of Last Report 04/27/1994  
4. FEI Number 35-0980405 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 § 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 4040 Vincennes Circle 26 4040 Vincennes Circle  
Suite, Apt #, etc Suite, Apt #, etc  
22 F2TB 27 F2TB  
City & State City & State  
23 Indianapolis, IN 28 Indianapolis, IN  
Zip City Zip City  
24 46268-3027 25 U.S. 29 46268-3027 30 U.S.

9. Name and Address of Current Registered Agent  
INSURANCE COMMISSIONER  
THE CAPITAL  
TALLAHASSEE FL

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code  
FL

11. Pursuant to the provisions of Sections 607.0902 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 familiar with, and accept the obligations of, Section 607.0905, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 5/6/95

12. OFFICERS AND DIRECTORS

TITLE	DC
NAME	FALLER, KEITH R.
STREET ADDRESS	120 MONUMENT CIRCLE
CITY, ST, ZIP	INDIANAPOLIS IN
TITLE	DP
NAME	BOW STEPHEN T
STREET ADDRESS	120 MONUMENT CIR
CITY, ST, ZIP	INDIANAPOLIS IN
TITLE	T
NAME	MARTIN GEORGE D
STREET ADDRESS	120 MONUMENT CIR
CITY, ST, ZIP	INDIANAPOLIS IN
TITLE	D
NAME	CARMICHAEL DAN R
STREET ADDRESS	120 MONUMENT CIRCLE
CITY, ST, ZIP	INDIANAPOLIS IN
TITLE	V
NAME	DEAL MAX E
STREET ADDRESS	120 MONUMENT CIRCLE
CITY, ST, ZIP	INDIANAPOLIS IN
TITLE	SV
NAME	MILLER, SANDRA H
STREET ADDRESS	120 MONUMENT CIRCLE
CITY, ST, ZIP	INDIANAPOLIS IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.2 STREET ADDRESS	4040 Vincennes Circle
1.3 CITY, ST, ZIP	46268-3027
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 NAME	
2.2 STREET ADDRESS	4040 Vincennes Circle
2.3 CITY, ST, ZIP	46268-3027
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 NAME	
3.2 STREET ADDRESS	4040 Vincennes Circle
3.3 CITY, ST, ZIP	46268-3027
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 NAME	
4.2 STREET ADDRESS	4040 Vincennes Circle
4.3 CITY, ST, ZIP	46268-3027
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 NAME	
5.2 STREET ADDRESS	4040 Vincennes Circle
5.3 CITY, ST, ZIP	46268-3027
6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 NAME	
6.2 STREET ADDRESS	4040 Vincennes Circle
6.3 CITY, ST, ZIP	46268-3027

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I do hereby 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 it would and for validity 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 13 (check 13) and next to or on an adjacent line with an address.

SIGNATURE: *Max Deal*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (311)2287axx