

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 813009 (8)

1. Corporation Name  
**ANTHEM LIFE INSURANCE COMPANY OF INDIANA**



Principal Place of Business: 4040 VINCENNES CIRCLE F2TB INDIANAPOLIS IN 46268-3027 US  
Mailing Address: 4040 VINCENNES CIRCLE F2TB INDIANAPOLIS IN 46268-3027 US

3. Date Incorporated or Qualified: 08/25/1958  
3a. Date of Last Report: 05/01/1995  
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 s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Indianapolis, IN 24 Zip: 46268-3027 Country: USA  
2a. Mailing Address: 26 4040 Vincennes Circle 27 Suite, Apt. #, etc.: 27 Mailpoint F4CP 28 City & State: 28 Indianapolis, IN 29 Zip: 46268-3027 30 Country: USA

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

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

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | DC                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | FALLER, KEITH R.           |  |
| STREET ADDRESS | 4040 VINCENNES CIRCLE      |  |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46268-3027 |  |
| TITLE          | DP                         | <input type="checkbox"/> DELETE            |
| NAME           | BOW STEPHEN T              |  |
| STREET ADDRESS | 4040 VINCENNES CIRCLE      |  |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46268-3027 |  |
| TITLE          | T                          | <input type="checkbox"/> DELETE            |
| NAME           | MARTIN GEORGE D            |  |
| STREET ADDRESS | 4040 VINCENNES CIRCLE      |  |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46268-3027 |  |
| TITLE          | D                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | CARMICHAEL DAN R           |  |
| STREET ADDRESS | 4040 VINCENNES CIRCLE      |  |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46268-3027 |  |
| TITLE          | V                          | <input checked="" type="checkbox"/> DELETE |
| NAME           | DEAL MAX E                 |  |
| STREET ADDRESS | 4040 VINCENNES CIRCLE      |  |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46268-3027 |  |
| TITLE          | SV                         | <input type="checkbox"/> DELETE            |
| NAME           | MILLER, SANDRA H           |  |
| STREET ADDRESS | 4040 VINCENNES CIRCLE      |  |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46268-3027 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | DP                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | John J. Gainor              |  |
| 1.3 STREET ADDRESS | 250 Old Wilson Bridge Rd.   |  |
| 1.4 CITY-ST-ZIP    | Worthington, OH 43085       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE          | DC                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           | Stephen T. Bow              |  |
| 2.3 STREET ADDRESS | 4040 Vincennes Circle       |  |
| 2.4 CITY-ST-ZIP    | Indianapolis, IN 46268      |  |
| 3.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | Patrick M. Sheridan         |  |
| 3.3 STREET ADDRESS | 120 Monument Circle         |  |
| 3.4 CITY-ST-ZIP    | Indianapolis, IN 46204      |  |
| 4.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Bain J. Farris              |  |
| 4.3 STREET ADDRESS | 120 Monument Circle         |  |
| 4.4 CITY-ST-ZIP    | Indianapolis, IN 46204      |  |
| 5.1 TITLE          | D                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Thomas J. Schifano          |  |
| 5.3 STREET ADDRESS | 400 West Market, Suite 2500 |  |
| 5.4 CITY-ST-ZIP    | Louisville, KY 40202        |  |
| 6.1 TITLE          |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                             |  |
| 6.3 STREET ADDRESS |                             |  |
| 6.4 CITY-ST-ZIP    |                             |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Miller* 2/16/91 (319) 228-7420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

813009 (8)

**ANTHEM LIFE INSURANCE COMPANY OF INDIANA**

**Directors**

Stephen T. Bow  
Bain J. Farris  
John J. Gainor  
Thomas J. Schifano  
Patrick M. Sheridan

**Officers**

|                    |   |
|--------------------|---|
| Stephen T. Bow     | Chairman and CEO                                |
| John J. Gainor     | President and COO                               |
| George D. Martin   | Treasurer                                       |
| John E. Gallina    | Chief Financial Officer and Assistant Treasurer |
| Sandra Miller      | Corporate Secretary                             |
| Kristan A. Swingle | Assistant Secretary                             |