

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

FILED

**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 MAILPOINT F4CP INDIANAPOLIS IN 46268-3027 US

3. Date Incorporated or Qualified: 08/25/1958
3a. Date of Last Report: 02/26/1996

2. Principal Place of Business: 21 6740 North High Street Suite 200 Worthington OH 43085 Franklin
2a. Mailing Address: 26 P.O. Box 10 Worthington OH 43085 Franklin

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

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GAINOR, JOHN J	
STREET ADDRESS	250 OLD WILSON BRIDGE ROAD	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BOW STEPHEN T	
STREET ADDRESS	4040 VINCENNES CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
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	FARRIS, BAIN J	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHIFANO, THOMAS J	
STREET ADDRESS	400 WEST MARKET, SUITE 2500	
CITY-ST-ZIP	LOUISVILLE KY	
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	V (Senior Vice President)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gainor, John J.	
1.3 STREET ADDRESS	6740 North High Street, Suite 200	
1.4 CITY-ST-ZIP	Worthington OH 43085	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin, George D.	
3.3 STREET ADDRESS	120 Monument Circle	
3.4 CITY-ST-ZIP	Indianapolis IN 46204	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Assistant S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Miller, Sandra H.	
6.3 STREET ADDRESS	4040 Vincennes Circle	
6.4 CITY-ST-ZIP	Indianapolis IN 46268	

14. I do 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 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: *Kristan Swingle* Asst. Secretary
Kristan A. Swingle 4/28/97 (614) 436-0688

CR2E034 (9/96)

**Attachment to
1997 Profit Corporation Annual Report
Florida Department of State**

**Anthem Life Insurance Company of Indiana
FEI Number 35-0980405**

Additional Officers/Directors

**C/Chief Executive Officer
Brueckner, Stefan F.
120 Monument Circle
Indianapolis IN 46304**

**P/D/Chief Operating Officer
White, James A.
One Centennial Avenue
Piscataway NJ 08855**

**Assistant T/D
Hanus, Wayne R.
One Centennial Avenue
Piscataway NJ 08855**

**Assistant T
Gallina, John E.
6740 North High Street, Suite 200
Worthington OH 43085**

**S
Ullery, Carol J.
120 Monument Circle
Indianapolis IN 46204**

**Assistant S
Swingle, Kristan A.
6740 North High Street, Suite 200
Worthington OH 43085**

**D
Ford, Alan D.
One Centennial Avenue
Piscataway NJ 08855**