

5-15-98 B. 7460 -c

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

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May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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: 6740 N HIGH STREET STE 200 WORTHINGTON OH 43085 US  
Mailing Address: PO BOX 10 WORTHINGTON OH 43085 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/25/1958	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	35-0980405	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL				8. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE FL				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINOR, JOHN J	1.2 NAME	
STREET ADDRESS	6740 N HIGH STREET STE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN GEORGE D	2.2 NAME	
STREET ADDRESS	120 MONUMENT CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASD MILLER, SANDRA H	3.2 NAME	MILLER, SANDRA H
STREET ADDRESS	4040 VINCENNES CIRCLE	3.3 STREET ADDRESS	4040 VINCENNES CIRCLE
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	INDIANAPOLIS IN 46268
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	C
STREET ADDRESS		4.3 STREET ADDRESS	BRUECKNER, STEFEN F
CITY-ST-ZIP		4.4 CITY-ST-ZIP	120 MONUMENT CIRCLE
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	P/D WHITE, JAMES A
STREET ADDRESS		5.3 STREET ADDRESS	ONE CENTENNIAL AVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PISCATAWAY NJ 08855
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	S
STREET ADDRESS		6.3 STREET ADDRESS	CAROL J ULLERY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	120 MONUMENT CIRCLE
			INDIANAPOLIS IN 46204

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 A Swingle* KRISTAN A SWINGLE ASST SECRETARY 4/30/98 (674) 436-0688

CR2E034 (10/97)

**Attachment to  
1998 Profit Corporation Annual Report  
Florida Department of State**

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

Additional Officers/Directors

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

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

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

Asst S  
Whitman, Tracy L.  
120 Monument Circle  
Indianapolis IN 46204

D  
Frick, David R.  
120 Monument Circle  
Indianapolis IN 46204