


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90192 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 813009

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 MAILPOINT F4CP WORTHINGTON OH 43085 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P O BOX 10 27 Suite, Apt. #, etc. 27 MAILPOINT WL1-L00 28 City & State 28 WORTHINGTON OH 29 Zip 29 43085 30 Country 30 US
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3. Date Incorporated or Qualified 08/25/1958	4. FEI Number 35-0980405	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GAINOR, JOHN J	
STREET ADDRESS	6740 N HIGH STREET STE 200	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN GEORGE D	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, SANDRA H	
STREET ADDRESS	4040 VINCENNES CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46268	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BRUECKNER, STEFEN F	
STREET ADDRESS	120 MONUMENT CIR	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JAMES A	
STREET ADDRESS	ONE CENTENNIAL AVE	
CITY-ST-ZIP	PISCATAWAY NJ 08855	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAROL J ULLERY	
STREET ADDRESS	120 MONUMENT CIR	
CITY-ST-ZIP	INDIANAPOLIS NJ 46204	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAINOR, JOHN J	
1.3 STREET ADDRESS	6740 N HIGH STREET STE 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: *Kristan A Swingle* KRISTAN A SWINGLE ASST SECRETARY 4/29/99 (614) 436-0688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

535415-90192-33
813009

**Attachment to
1999 Profit Corporation Annual Report
Florida Department of State**

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

Additional Officers/Directors

C/D

Glasscock, Larry C.
120 Monument Circle
Indianapolis IN 46204

S/D

Purcell, Nancy L.
120 Monument Circle
Indianapolis IN 46204

Asst T

Ewald, Robert B.
6740 North High Street, Suite 200
Worthington OH 43085

Asst S

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

D

Frick, David R.
120 Monument Circle
Indianapolis IN 46204

D

Smith, Michael L.
120 Monument Circle
Indianapolis IN 46204