

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90191 040 \*\*\*150.00

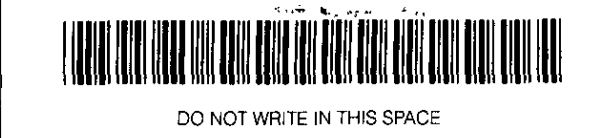
**DOCUMENT # 813009**

1. Entity 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 WLI-L00 WORTHINGTON OH 43085-0010 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>35-0980405</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



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

7. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GAINOR, JOHN J</b> <b>6740 N HIGH STREET STE #200</b> <b>WORTHINGTON OH 43085</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARTIN GEORGE D</b> <b>120 MONUMENT CIRCLE</b> <b>INDIANAPOLIS IN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, SANDRA H</b> <b>4040 VINCENNES CIRCLE</b> <b>INDIANAPOLIS IN 46268</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>Nancy L. Purcell</b> <b>120 Monument Circle</b> <b>Indianapolis, IN 46204</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Larry C. Glasscock</b> <b>120 Monument Circle</b> <b>Indianapolis, IN 46204</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>David R. Frick</b> <b>120 Monument Circle</b> <b>Indianapolis, IN 46204</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy L. Purcell Date: 4/21/2000 Daytime Phone #: 317-488-6169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

C0098361  
# 813009

## Directors, Officers Report

### Anthem Life Insurance Company of Indiana

Wednesday, April 19, 2000

#### DIRECTORS

**Larry Clayborn Glasscock** Chairman of the Board

Effective: Monday, June 01, 1998

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, Indiana 46204

**David R. Frick** Board Member

Effective: Thursday, November 06, 1997

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204

**Larry Clayborn Glasscock** Board Member

Effective: Monday, June 01, 1998

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, Indiana 46204

**Sandra Hamilton Miller** Board Member

Effective: Thursday, September 24, 1998

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204

**Nancy L. Purcell** Board Member

Effective: Thursday, April 01, 1999

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204

**Michael Lynn Smith** Board Member

Effective: Monday, June 01, 1998

Primary Address: Anthem Insurance Companies, Inc.  
120 Monument Circle  
Indianapolis, IN 46204

#### OFFICERS

**John J. Gainor** President

Effective: Monday, June 01, 1998

Primary Address: Anthem Life Insurance Company IN  
6740 N. High Street  
Suite 200  
P. O. Box 10  
Worthington, OH 43085

**Nancy L. Purcell** Secretary

Effective: Monday, June 01, 1998

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204

**George D. Martin**

**Treasurer**

Effective: Thursday, March 21, 1991

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204

**M. Ellen Rooze**

**Assistant Secretary**

Effective: Thursday, April 01, 1999

Primary Address: Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204

**Kristan A. Swingle**

**Assistant Secretary**

Effective: Friday, December 08, 1995

Primary Address: Anthem Life Insurance Company of Indiana  
6740 N. High Street  
Suite 200  
P.O. Box 10  
Worthington, OH 43085

**Robert B. Ewald**

**Assistant Treasurer**

Effective: Wednesday, January 20, 1999

Primary Address: Anthem Life Insurance Company of Indiana  
6740 N. High Street  
Suite 200  
P. O. Box 10  
Worthington, OH 43085