

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90118 038 ***150.00

DOCUMENT # 813009

1. Entity Name

ANTHEM LIFE INSURANCE COMPANY OF INDIANA

Anthem Life Insurance Company (name change file, 12/18/2000)

Principal Place of Business

Mailing Address

6740 N HIGH STREET
 STE 200
 WORTHINGTON OH 43085
 US

PO BOX 10
 MAILPOINT WLI-L00
 WORTHINGTON OH 43085
 US

00041011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-0980405**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 THE CAPITAL
 TALLAHASSEE FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	GAINOR, JOHN J	
STREET ADDRESS	6740 N HIGH STREET STE #200	
CITY-ST-ZIP	WORTHINGTON OH 43085	
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	SD	<input type="checkbox"/> Delete
NAME	PURCELL, NANCY L	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASSCOCK, LARRY C	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRICK, DAVID R	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael L. Smith	
STREET ADDRESS	120 Monument Circle	
CITY-ST-ZIP	Indianapolis, IN 46204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	120 Monument Circle	
CITY-ST-ZIP	Indianapolis, IN 46204	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **Nancy L. Purcell, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/01

Date

317-488-6169

Daytime Phone #

CR2E034 (10/00)