

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813009

FILED
Mar 22, 2004
Secretary of State

Entity Name: ANTHEM LIFE INSURANCE COMPANY

Current Principal Place of Business:

1801 WATERMARK DRIVE
STE 200
COLUMBUS, OH 43215 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 182361
MAILPOINT WLI-L00
COLUMBUS, OH 43218 US

New Mailing Address:

FEI Number: 35-0980405 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINOR, JOHN J
Address: 1801 WATERMARK DRIVE, STE #200
City-St-Zip: COLUMBUS, OH 43215

Title: T () Delete
Name: MARTIN, GEORGE D
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: D () Delete
Name: MILLER, SANDRA H
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: SD () Delete
Name: PURCELL, NANCY L
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: D () Delete
Name: GLASSCOCK, LARRY C
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: D () Delete
Name: FRICK, DAVID R
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L. PURCELL

SD

03/22/2004

Electronic Signature of Signing Officer or Director

_____ Date