

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813009

FILED
Apr 11, 2006
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:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

Current Mailing Address:

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

New Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

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: PD () Delete
Name: HERMAN, JOAN E
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

Title: T () Delete
Name: KRETSCHMER, R. 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: BRALY, ANGELA F
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: D () Delete
Name: COLBY, DAVID C
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
Name:
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 Chapter 119, 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

SECR

04/11/2006

Electronic Signature of Signing Officer or Director

Date