

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90151 042 ***150.00

DOCUMENT # 813009

1. Entity Name
ANTHEM LIFE INSURANCE COMPANY



Principal Place of Business Mailing Address
120 MONUMENT CIRCLE **120 MONUMENT CIRCLE**
INDIANAPOLIS, IN 46204 US **INDIANAPOLIS, IN 46204 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

40066283



04062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
35-0980405 Not Applicable

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

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000

7. Name and Address of New Registered Agent

Name
Insurance Commissioner

Street Address (P.O. Box Number is Not Acceptable)
200 East Gaines Street

City State Zip Code
Tallahassee FL 32399

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Insurance Commissioner DATE 4/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERMAN, JOAN E	
STREET ADDRESS	1 WELLPOINT WAY	
CITY-ST-ZIP	THOUSAND OAKS, CA 91362	
TITLE	T	<input type="checkbox"/> Delete
NAME	KRETSCHMER, R. D	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SANDRA H	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PURCELL, NANCY L	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRALY, ANGELA F	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLBY, DAVID C	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS, IN 46204	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carter A. Beck	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy L. Purcell Nancy L. Purcell, Secretary 4/5/07 317-488-6321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #