

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813009

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** ANTHEM LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204 US

**New Principal Place of Business:**

**Current Mailing Address:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204 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  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MURPHY, PATRICK J  
Address: 220 VIRGINIA AVENUE  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T  
Name: KRETSCHMER, R. D  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: D  
Name: KELAGHAN, CATHERINE I  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: S  
Name: KIEFER, KATHLEEN S  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204 US

Title: D  
Name: BECK, CARTER A  
Address: 3000 GOFFS FALLS  
City-St-Zip: MANCHESTER, NH 03111 US

Title: D  
Name: DEVEYDT, WAYNE S  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

SECR

04/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date