

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 813009

FILED  
Apr 25, 2003  
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:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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

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: INSURANCE COMMISSIONER

04/25/2003

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  
Name:  
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 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

04/25/2003

Electronic Signature of Signing Officer or Director

Date

MICHAEL L. SMITH D  
120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46204