

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Apr 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 822680 (5)
1. Corporation Name
~~Investors Life Insurance Company of Indiana~~
Investors Life Insurance Company of Indiana 3-2-98

Principal Place of Business: 701 BRAZOS ST., SUITE 1200 AUSTIN TX 78701
Mailing Address: 701 BRAZOS ST., SUITE 1200 AUSTIN TX 78701



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 8705 Flagship Circle, Suite, Apt. #, etc.
22 City & State: Indianapolis, Indiana
23 Zip: 46256, Country: [blank]

2a. Mailing Address: 26 Suite, Apt. #, etc.
27 City & State
28 Zip: [blank], Country

3. Date Incorporated or Qualified: 04/21/1969
4. FEI Number: 22-1769184 Applied For: [] Not Applicable: []
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: [] Yes [] No

9. Name and Address of Current Registered Agent
THE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP MITTLE, ROY F. 701 BRAZOS ST SUITE 1200 AUSTIN TX 78701	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DTVP GRACE, JAMES M. 701 BRAZOS ST SUITE 1200 AUSTIN TX 78701	<input type="checkbox"/> DELETE	1.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	DSVP PAYNE, EUGENE 701 BRAZOS ST SUITE 1200 AUSTIN TX 78701	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	DVP SCHMITT, STEVEN P 701 BRAZOS ST SUITE 1200 AUSTIN TX 78701	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP FLERON, THEODORE A 701 BRAZOS ST SUITE 1200 AUSTIN TX 78701	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D CROWE, JOSEPH F 701 BRAZOS ST., SUITE 1200 AUSTIN TX 78701	<input checked="" type="checkbox"/> DELETE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			2.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			3.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			4.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5.3 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP			5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			6.3 STREET ADDRESS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP			6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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Pruner, H. Gene
8705 Flagship Circle
Indianapolis, Indiana 46256

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)

Investors Life Insurance Company of Indiana

**Officers and Directors
as of March 1, 1998**

Business Address: 701 Brazos Street, 14th Floor
Austin, Texas 78701

Roy F. Mitte	President, Chief Executive Officer and Chairman of the Board
James M. Grace	Executive Vice President, Treasurer and Director
Eugene E. Payne	Executive Vice President, Secretary and Director
Jeffrey H. Demgen	Executive Vice President and Director
Theodore A. Fleron	Senior Vice President, General Counsel and Director
Dale E. Mitte	Senior Vice President and Director
Steven P. Schmitt	Senior Vice President and Director
Bradley A. Groff	Senior Vice President
David C. Hopkins	Senior Vice President
Thomas C. Richmond	Senior Vice President
Corwin K. Zass	Vice President

Business Address: 8705 Flagship Circle
Indianapolis, Indiana 46256

H. Gene Pruner	Director
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