

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

FILED

**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
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8705 Flagship Circle		2a. Mailing Address 26		3. Date Incorporated or Qualified 04/21/1969	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 22-1769184	
23 City & State Indianapolis, Indiana		28 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 46256		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> 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

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

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	MITTLE, ROY F.	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	DTVP	<input type="checkbox"/> DELETE
NAME	GRACE, JAMES M.	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	PAYNE, EUGENE	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SCHMITT, STEVEN P	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FLERON, THEODORE A	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	
CITY-ST-ZIP	AUSTIN TX 78701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROWE, JOSEPH F	
STREET ADDRESS	701 BRAZOS ST., SUITE 1200	
CITY-ST-ZIP	AUSTIN TX 78701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	Pruner, H. Gene
6.4 CITY-ST-ZIP	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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