


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

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90014 036 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822680

1. Corporation Name
INVESTORS LIFE INSURANCE COMPANY OF INDIANA

Principal Place of Business 8705 FLAGSHIP CIRCLE INDIANAPOLIS IN 46256	Mailing Address 701 BRAZOS ST. SUITE 1200 AUSTIN TX 78701
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/21/1969	
4. FEI Number 22-1769184	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	30
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTLE, ROY F.	1.2 NAME	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	1.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	1.4 CITY-ST-ZIP	
TITLE	DTVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, JAMES M.	2.2 NAME	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	2.4 CITY-ST-ZIP	
TITLE	DSVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, EUGENE	3.2 NAME	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMITT, STEVEN P	4.2 NAME	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLERON, THEODORE A	5.2 NAME	
STREET ADDRESS	701 BRAZOS ST SUITE 1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78701	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUNER, H. GENE	6.2 NAME	
STREET ADDRESS	8705 FLAGSHIP CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46256	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered.

SIGNATURE:  **Theodore A. Fleron** 01/08/99 512/404-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)

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Investors Life Insurance Company of Indiana

Officers and Directors of the Company
as of
January 8, 1999

<u>Name</u>	<u>Title</u>
Roy F. Mitte	Chairman of the Board, President and Chief Executive Officer
James M. Grace	Executive Vice President, Chief Financial Officer, Treasurer, Director and Assistant Secretary
Eugene E. Payne	Executive Vice President, Chief Operations Officer, Director and Secretary
Jeffrey H. Demgen	Executive Vice President, Sales and Marketing and Director
Dale E. Mitte	Senior Vice President, Chief Underwriter and Director
Theodore A. Fleron	Senior Vice President, General Counsel, Director and Assistant Secretary
Steven P. Schmitt	Senior Vice President, Director and Assistant Secretary
David C. Hopkins	Senior Vice President, Controller and Assistant Secretary
Nigel Walker	Senior Vice President, Controller and Assistant Secretary
Thomas Richmond	Senior Vice President
Walter Reed	Senior Vice President
John M. Welliver	Senior Vice President
Roberta A. Mitchell	Senior Vice President

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John Peasley	Senior Vice President
Robert D. Rue	Senior Vice President
Cindy Hall-Davis	Senior Vice President
Brad Groff	Senior Vice President
Ed Roberts	Senior Vice President
Ricardo A. Cruz	Vice President
Peter A. Tritz	Vice President
Laurie Cleveland	Vice President
Christopher W. Schrauff	Vice President
Bret C. Doyal	Vice President
Robert Bender	Vice President
Corwin K. Zass	Vice President
Larry Horne	Vice President
Robert Cox	Vice President

All share the following business address:

701 Brazos Street, Suite 1200
Austin, Texas 78701

H. Gene Pruner

Director

At the following business address:

8705 Flagship Circle
Indianapolis, Indiana 46256