FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 31 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **845371** **(4)**

1. Corporation Name

~~SENTRY INVESTORS LIFE INSURANCE COMPANY~~
IL ANNUITY AND INSURANCE COMPANY

800001443678
-04/06/95--01006--025
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1800 N POINT DR STEVENS POINT WI 54481	1800 NORTH POINT DRIVE STEVENS POINT WI 54481 US

3. Date Incorporated or Qualified: 02/28/1980
3a. Date of Last Report: 03/09/1994

2. Principal Place of Business
21 84 State Street
Suite, Apt. #, etc.
22
City & State
23 Boston, MA
Zip 24 02109 Country 25 US

2a. Mailing Address
26 2960 N. Meridian Street
Suite, Apt. #, etc.
27
City & State
28 Indianapolis, IN
Zip 29 46208 Country 30 US

4. FEI Number: 04-2445635 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	S/D	☒ Change ☐ Addition
NAME	O'REILLY, WILLIAM M	12 NAME	McKinney, Margaret M	
STREET ADDRESS	2173 SHADY LN	13 STREET ADDRESS	6828 Bloomfield Drive	
CITY-ST-ZIP	ROSHOLT WI	14 CITY-ST-ZIP	Indianapolis IN 46259	
TITLE	PD	21 TITLE	P/D	☒ Change ☐ Addition
NAME	TRAPP, PETER P.	22 NAME	Carney, Gregory J	
STREET ADDRESS	777 RIDGE RD.	23 STREET ADDRESS	8705 Sturgeon Bay Lane	
CITY-ST-ZIP	STEVENS POINT WI	24 CITY-ST-ZIP	Indianapolis IN 46236	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	WEINGARTEN, THOMAS	32 NAME	Trueblood, Gene E	
STREET ADDRESS	1903 RUSSET DRIVE	33 STREET ADDRESS	6570 Forrest Commons Blvd	
CITY-ST-ZIP	STEVENS POINT WI	34 CITY-ST-ZIP	Indianapolis IN 46227	
TITLE	CD	41 TITLE	C/D	☒ Change ☐ Addition
NAME	BALLARD, LARRY C.	42 NAME	Pribie, Larry R.	
STREET ADDRESS	3300 JORDAN LN	43 STREET ADDRESS	12443 Pebblepointe Pass	
CITY-ST-ZIP	STEVENS POINT WI	44 CITY-ST-ZIP	Carmel IN 46033	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	SCHUH, DALE R.	52 NAME	Boyd, William L	
STREET ADDRESS	6750 OAK TREE RD	53 STREET ADDRESS	8126 Halyard Way	
CITY-ST-ZIP	STEVENS POINT WI	54 CITY-ST-ZIP	Indianapolis IN 46236	
TITLE		61 TITLE	D	☒ Change ☐ Addition
NAME		62 NAME	Fahrenbach, John J	
STREET ADDRESS		63 STREET ADDRESS	5405 N 150W	
CITY-ST-ZIP		64 CITY-ST-ZIP	Lebanon IN 46052	

3/31/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Margaret M. McKinney 03-22-95 317-927-6540
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
Margaret M. McKinney

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