

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY -1 AM 7:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600001481386

-05/09/95--01117--010

\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 850084 (5)**

1. Corporation Name  
**ANTHEM LIFE INSURANCE COMPANY**

Principal Place of Business <b>LIBERTY PLAZA I 5055 KELLER SPRINGS RD DALLAS TX 75248 US</b>	Mailing Address <b>120 MONUMENT CIRCLE M2SI INDIANAPOLIS IN 46204-4903 US</b>
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3. Date Incorporated or Qualified <b>08/10/1981</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>75-1461960</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199 USCF, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 30

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code

*Handwritten signature and date: 5/6/95*

**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 \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>PDC FALLER KEITH R 120 MONUMENT CIR INDIANAPOLIS IN</b>	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4040 Vincennes Circle 46268-3027</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>DV DEAL MAX E 120 MONUMENT CIR INDIANAPOLIS IN</b>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4040 Vincennes Circle 46268-3027</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>T MARTIN, GEORGE D. 120 MONUMENT CIR INDIANAPOLIS IN</b>	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4040 Vincennes Circle 46268-3027</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>VSD MILLER, SANDRA 5055 KELLER SPRINGS RD, LIBERTY PLAZA I DALLAS, TX 00000</b>	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4040 Vincennes Circle 46268-3027</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>V HANEY, JACK A. 120 MONUMENT CIRCLE INDIANAPOLIS IN</b>	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5055 Keller Springs Road Dallas, TX 75248</b>
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>DV FUNK GLENN W 120 MONUMENT CIR INDIANAPOLIS IN</b>	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4040 Vincennes Circle 46268-3027</b>

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)(k), 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 of this report, or on an attachment with an address.

SIGNATURE: *Max Deal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra S. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05/11/95 11:18:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 850444**  
1. Corporation Name

PARSONS MAIN, INC.

<b>Principal Place of Business</b>	<b>Mailing Address</b>
SOUTHEAST TOWER, PRUDENTIAL CENTER BOSTON, MA 02199	100 WEST WALNUT STREET ROOM T-1107 PASADENA, CA 91124

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/22/1981	3a. Date of Last Report
4. FEI Number 04-2734618	Applied For Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	

2. Principal Place of Business	2a. Mailing Address
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when renewing.

12. OFFICERS AND DIRECTORS

TITLE	D/EXEC.V
NAME	HOLEY, RONALD L.
STREET ADDRESS	SE TOWER, PRUDENTIAL CTR
CITY- ST- ZIP	BOSTON, MA 02199
TITLE	D/SR.V
NAME	BARNES, SIDNEY B. JR.
STREET ADDRESS	SE TOWER, PRUDENTIAL CTR
CITY- ST- ZIP	BOSTON, MA 02199
TITLE	S/C
NAME	NUGENT, ROBERT F.
STREET ADDRESS	SE TOWER, PRUDENTIAL CTR
CITY- ST- ZIP	BOSTON, MA 02199
TITLE	V/AS/AC
NAME	COLE, SUSAN
STREET ADDRESS	100 W. WALNUT ST.
CITY- ST- ZIP	PASADENA, CA 91124
TITLE	A
NAME	WANG, SAMUEL C. M.
STREET ADDRESS	SE TOWER, PRUDENTIAL CTR
CITY- ST- ZIP	BOSTON, MA 02199
TITLE	V
NAME	SULLIVAN, LAWRENCE
STREET ADDRESS	SE TOWER, PRUDENTIAL CTR
CITY- ST- ZIP	BOSTON, MA 02199

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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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)(k), 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: *Susan Cole* SUSAN COLE 4/26/95 (818) 440-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

*[Handwritten mark]*

PARSONS MAIN, INC.

OFFICERS

ADDRESSES

James T. Callahan  
President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

Ronald L. Holey  
Exec. Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

Sidney B. Barnes, Jr.  
Sr. Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

Curtis A. Bower  
Sr. Vice President

100 West Walnut Street  
Pasadena, California 91124

Laureano Alvarez  
Vice President  
and Treasurer

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

John Bordeaux  
Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

Ronald A. Cochran  
Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

Susan Cole  
Vice President,  
Assistant Secretary  
and Assistant Clerk

100 West Walnut Street  
Pasadena, California 91124

Roy E. Gaunt  
Vice President

100 West Walnut Street  
Pasadena, California 91124

Robert W. Kwiatkowski  
Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

William D. Price  
Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

Lawrence P. Sullivan  
Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

Nicholas P. Triano  
Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

William M. Whooley  
Vice President

Southeast Tower, Prudential Center  
Boston, Massachusetts 02199

**OFFICERS (Continued)**

Robert F. Nugent Secretary and Clerk	Southeast Tower, Prudential Center Boston, Massachusetts 02199
John R. Del Checcolo Assistant Secretary and Assistant Clerk	Southeast Tower, Prudential Center Boston, Massachusetts 02199
P. Roger Fetterolf Assistant Secretary and Assistant Clerk	100 West Walnut Street Pasadena, California 91124
Deborah A. Gustafson Vice President, Assistant Secretary and Assistant Clerk	Southeast Tower, Prudential Center Boston, Massachusetts 02199
Nicholas Mariani Assistant Secretary and Assistant Clerk	Southeast Tower, Prudential Center Boston, Massachusetts 02199
Lawrence D. Mitchell, Jr. Assistant Secretary	12621 Featherwood Houston, Texas 77034
Samuel C. M. Wang Architectural Officer	Southeast Tower, Prudential Center Boston, Massachusetts 02199

**DIRECTORS**

James T. Callahan	Southeast Tower, Prudential Center Boston, Massachusetts 02199
Ronald L. Holey	Southeast Tower, Prudential Center Boston, Massachusetts 02199
Sidney B. Barnes, Jr.	Southeast Tower, Prudential Center Boston, Massachusetts 02199