

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 LIBERTY PLAZA I 5055 KELLER SPRINGS RD DALLAS TX 75248 US	Mailing Address 4040 VINCENNE CIRCLE AILPOINT F4CP INDIANAPOLIS IN 46268-3027 US
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3. Date Incorporated or Qualified 08/18/1981	3a. Date of Last Report 03/29/1996
4. FEI Number 75-1461960	Applied For <input type="checkbox"/> 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. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BLDG.
 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

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BRUECKNER, STEFEN F	
STREET ADDRESS	4040 VINCENNES CIRCLE	
CITY, ST, ZIP	INDIANAPOLIS IN	
TITLE	DVAT	<input type="checkbox"/> DELETE
NAME	DEAL MAX E	
STREET ADDRESS	4040 VINCENNES CIRCLE	
CITY, ST, ZIP	INDIANAPOLIS IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, GEORGE D.	
STREET ADDRESS	4040 VINCENNES CIRCLE	
CITY, ST, ZIP	INDIANAPOLIS IN 46268-3027	
TITLE	VDAS	<input type="checkbox"/> DELETE
NAME	MILLER, SANDRA	
STREET ADDRESS	4040 VINCENNES CIRCLE	
CITY, ST, ZIP	DALLAS, TX 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, JAMES A	
STREET ADDRESS	ONE CENTENNIAL AVE	
CITY, ST, ZIP	PISCATAWAY NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, ALAN D	
STREET ADDRESS	ONE CENTENNIAL AVE	
CITY, ST, ZIP	PISCATAWAY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEE ATTACHED
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sandra Miller* 4/30/97 317-228-7420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

March 12, 1997

ANTHEM LIFE INSURANCE COMPANY

Directors

Stefen F. Brueckner	120 Monument Circle, Indianapolis, Indiana 46204
Alan D. Ford	One Centennial Avenue, Piscataway, New Jersey 08855
Wayne R. Hanus	One Centennial Avenue, Piscataway, New Jersey 08855
Sandra Miller	4040 Vincennes Circle, Indianapolis, Indiana 46268
James A. White	One Centennial Avenue, Piscataway, New Jersey 08855

Officers

Stefen F. Brueckner	Chairman and Chief Executive Officer 120 Monument Circle, Indianapolis, Indiana 46204
James A. White	President and Chief Operating Officer One Centennial Avenue, Piscataway, New Jersey 08855
George D. Martin	Treasurer 120 Monument Circle, Indianapolis, Indiana 46204
Wayne R. Hanus	Assistant Treasurer One Centennial Avenue, Piscataway, New Jersey 08855
Carol J. Ullery	Corporate Secretary 120 Monument Circle, Indianapolis, Indiana 46204
Sandra Miller	Assistant Secretary 4040 Vincennes Circle, Indianapolis, Indiana 46268
Jeremiah J. Hanrahan	Assistant Secretary, Assistant Treasurer One Centennial Avenue, Piscataway, New Jersey 08855