

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**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 VINCENEC CIRCLE  
 AILPOINT F4CP  
 INDIANAOPLIS IN 46268-3027  
 US**

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**08/18/1981**

4. FEI Number  
**75-1461960**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD BRUECKNER, STEFEN F 4040 VINCENNES CIRCLE INDIANAPOLIS IN</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVAT DEAL MAX E 4040 VINCENNES CIRCLE INDIANAPOLIS IN</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MARTIN, GEORGE D. 4040 VINCENNES CIRCLE INDIANAPOLIS IN 46268-3027</b>	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDAS MILLER, SANDRA 4040 VINCENNES CIRCLE DALLAS, TX 00000</b>	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WHITE, JAMES A ONE CENTENNIAL AVE PISCATAWAY NJ</b>	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FORD, ALAN D ONE CENTENNIAL AVE PISCATAWAY NJ</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CD Brueckner, Stefen F. 120 Monument Circle Indiana pols IN 46204</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D/VAS Wayne R. Hanus One Centennial Ave Piscataway, NJ</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>V D AS Miller, Sandra 120 Monument Circle Indianapolis, IN 46204</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>S Carol J. Ullery 120 Monument Circle Indianapolis, IN 46204</b>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>D Frick, David R. 120 Monument Circle Indiana pols, IN 46204</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \_\_\_\_\_ DATE: **2-14-98 (217) 409-1793**

CR2E034 (10/97)