

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 850084

FILED
Apr 29, 2005
Secretary of State

Entity Name: ONENATION INSURANCE COMPANY

Current Principal Place of Business:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

New Principal Place of Business:

Current Mailing Address:

120 MONUMENT CIRCLE
M3NG
INDIANAPOLIS, IN 46204 US

New Mailing Address:

FEI Number: 75-1461960 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOO () Delete
Name: MURPHY, JOHN M
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D () Delete
Name: SMITH, MICHAEL L
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T () Delete
Name: MARTIN, GEORGE D
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: DS () Delete
Name: PURCELL, NANCY L
Address: 120 MOUNMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D () Delete
Name: MILLER, CYNTHIA S
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46250

Title: D () Delete
Name: MILLER, SANDRA H
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HERMAN, JOAN E
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

Title: D (X) Change () Addition
Name: COLBY, DAVID C
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T (X) Change () Addition
Name: KRETSCHMER, R D
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY L PURCELL

SD

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date