

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850084

**FILED**  
**Apr 02, 2006**  
**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: P ( ) Delete  
Name: HERMAN, JOAN E  
Address: 1 WELLPOINT WAY  
City-St-Zip: THOUSAND OAKS, CA 91362

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

Title: T ( ) Delete  
Name: KRETSCHMER, R 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

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 Chapter 119, 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

S

04/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date