

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813009

Entity Name: ANTHEM LIFE INSURANCE COMPANY

Current Principal Place of Business:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204 US

FEI Number: 35-0980405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title PD
Name SMITH, WILLIAM J
Address 1 LINDENWOOD DRIVE
SUITE 225, OFFICE # 6025
City-State-Zip: MALVERN PA 19355

Title D
Name KELAGHAN, CATHERINE I
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title D
Name BECK, CARTER A
Address 3000 GOFFS FALLS
City-State-Zip: MANCHESTER NH 03111

Title T
Name KRETSCHMER, R. D
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY, DIRECTOR
Name KIEFER, KATHLEEN S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title D
Name DEVEYDT, WAYNE S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

I hereby 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 all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

SECRETARY

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date