

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813009

FILED
Mar 15, 2024
Secretary of State
2959865638CC

Entity Name: ANTHEM LIFE INSURANCE COMPANY

Current Principal Place of Business:

220 VIRGINIA AVENUE
INDIANAPOLIS, IN 46204

Current Mailing Address:

220 VIRGINIA AVENUE
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 SECRETARY
Name KIEFER, KATHLEEN SUSAN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY
Name ANDREWS, KRISTAN JANE
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name KIEFER, KATHLEEN SUSAN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT TREASURER
Name NOBLE, ERIC KENNETH
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name PENCZEK, RONALD WILLIAM
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name SCHER, VINCENT EDWARD
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name BENINTENDI, LAURIE HELM
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name TOWERS, SCOTT WILLIAM
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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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 SUSAN KIEFER

SECRETARY

03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRPERSON
Name TOWERS, SCOTT WILLIAM
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT
Name TOWERS, SCOTT WILLIAM
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name SCHER, VINCENT EDWARD
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title VALUATION ACTUARY
Name LEVIN, JULIAN B
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204