

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813009

FILED
Apr 28, 2016
Secretary of State
CC7739758980

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 TREASURER
Name KRETSCHMER, ROBERT DAVID
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

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

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

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

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

Title DIRECTOR, CHAIRPERSON AND
PRESIDENT
Name WOZNY, MICHAEL ALLEN
Address 3350 PEACHTREE ROAD
POB 30302-445
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT TREASURER
Name NOBLE, ERIC (RICK) KENNETH
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY
Name SWINGLE, KRISTAN ANDREWS
Address 6740 NORTH HIGH STREET
City-State-Zip: WORTHINGTON OH 43085

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

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date