

**2018 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           TREASURER  
Name           SCHER, VINCENT E  
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           PENCZEK, RONALD WILLIAM  
Address        120 MONUMENT CIRCLE  
City-State-Zip: INDIANAPOLIS IN 46204

Title           DIRECTOR, CHAIRPERSON AND  
                  PRESIDENT  
Name           POULAKOS, GREGORY  
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

*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**

**05/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date