

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 813009

**FILED**  
**Mar 19, 2014**  
**Secretary of State**  
**CC8444148765**

**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 SPAHR, JEFFREY  
Address 4553 LA TIENDA DRIVE  
City-State-Zip: THOUSAND OAKS CA 91362

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

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

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**

**03/19/2014**

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

\_\_\_\_\_  
Date