5-19-97 B-'1477 C

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May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **801524** **(0)**

1. Corporation Name
INDIANAPOLIS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
2960 N MERIDIAN ST INDIANAPOLIS INDIANA 46208	P.O. BOX 1230 INDIANAPOLIS INDIANA 46206-1230 US

3. Date Incorporated or Qualified: **10/14/1921**
3a. Date of Last Report: **04/17/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **35-0413330** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE CAPITAL
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KRAFT, ELIZABETH J		1.2 NAME		
STREET ADDRESS	6055 GLADDEN DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STEELE, RICHARD A		2.2 NAME		
STREET ADDRESS	5118 BEAUMONT WAY, S.DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 00000		2.4 CITY-ST-ZIP		
TITLE	TVP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TRUEBLOOD, GENE E.		3.2 NAME		
STREET ADDRESS	6570 FORREST COMMONS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MCKINNEY, MARGARET M.		4.2 NAME		
STREET ADDRESS	6828 BLOOMFIELD		4.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 00000		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PRIBLE, LARRY R		5.2 NAME		
STREET ADDRESS	3615 PEBBLEPOINTE PASS		5.3 STREET ADDRESS		
CITY-ST-ZIP	CARMEL IN		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RISSEN, REBECCA K.		6.2 NAME		
STREET ADDRESS	4242 SUNRISE RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret M McKinney 4/25/97 (317) 927-6500