

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 801524

1. Entity Name

INDIANAPOLIS LIFE INSURANCE COMPANY

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90070 002 \*\*\*150.00

950399



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2960 N MERIDIAN ST INDIANAPOLIS IN 46208	2960 N MERIDIAN ST INDIANAPOLIS IN 46208 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	35-0413330	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER STATE CAPITAL TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	KRAFT, ELIZABETH J
STREET ADDRESS	410 SUGAR TREE LANE
CITY-ST-ZIP	INDIANAPOLIS IN 46260
TITLE	D <input type="checkbox"/> Delete
NAME	BEPO, GERALD L
STREET ADDRESS	355 N. LANSING STREET
CITY-ST-ZIP	INDIANAPOLIS IN 46202
TITLE	V <input type="checkbox"/> Delete
NAME	TRUEBLOOD, GENE E.
STREET ADDRESS	6570 FORREST COMMONS BLVD.
CITY-ST-ZIP	INDIANAPOLIS IN
TITLE	SVT <input type="checkbox"/> Delete
NAME	FOXWORTHY-PARKER, LISA P
STREET ADDRESS	696 NORTH MAIN STREET
CITY-ST-ZIP	FRANKLIN IN 46131
TITLE	PD <input type="checkbox"/> Delete
NAME	PRIBLE, LARRY R
STREET ADDRESS	3615 PEBBLEPOINTE PASS
CITY-ST-ZIP	CARMEL IN
TITLE	AS <input checked="" type="checkbox"/> Delete
NAME	STAHL, CHRIS A
STREET ADDRESS	2960 N MERIDIAN STREET
CITY-ST-ZIP	INDIANAPOLIS IN 46208

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVT FOXWORTHY-PARKER, LISA
STREET ADDRESS	139 ULEN BLVD
CITY-ST-ZIP	LEBANON IN 46052
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris A Stahl 4/6/2001 317-927-6526  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment  
950399  
#801524

**INDIANAPOLIS LIFE INSURANCE COMPANY**  
**ADDITIONAL DIRECTORS**

D  
DECOUDREAUX, ALECIA A.  
LILLY CORPORATE CENTER/DC 1132  
INDIANAPOLIS IN 46285

D  
GEORGE, ANTON H.  
4790 W 16TH STREET  
INDIANAPOLIS IN 46222

D  
LOVEDAY, WILLIAM J.  
1701 N SENATE BLVD  
INDIANAPOLIS IN 46206

D  
PAINE, ANDREW J.  
ONE INDIANA SQUARE MS 501  
INDIANAPOLIS IN 46204

D  
SEASE, DR. GENE E.  
101 W OHIO STREET STE 1800  
INDIANAPOLIS IN 46204

**ADDITIONAL OFFICERS**

V  
BRENTLINGER, DAVID A.  
14373 AVIAN WAY  
CARMEL IN 46033

V  
CANINE, JONATHAN A.  
13207 ABBOTTS PLACE  
CARMEL IN 46032

V  
CASSEL, JAMES W.  
11168 WESTMINSTER WAY  
CARMEL IN 46032

V  
COTLAR, MARK J.  
1623 LANCASTER COURT  
INDIANAPOLIS IN 46260

V  
DELGADO, KAREN S.  
4800 LITTLE HURRICANE ROAD  
MARTINSVILLE IN 46151

V  
FREIJE, JR., RICHARD T.  
7509 OLD OAKLAND BLVD W DR  
INDIANAPOLIS IN 46236

VAS  
FUNK, JANIS B.  
6491 N SHERMAN DRIVE  
INDIANAPOLIS, IN 46220

V  
HALBACH  
8341 CATAMARAN DRIVE  
INDIANAPOLIS IN 46236

V  
KING, KEVIN  
326 W GREYHOUND PASS  
CARMEL IN

V  
KREVDA, LINDA M.  
10550 BRECKEN RIDGE DRIVE  
CARMEL IN 46033

V  
NOVOTNEY, MARC D.  
135 W JORDAN ROAD  
INDIANAPOLIS IN 46217

V  
RYAN, GARY PATRICK  
1441 E. 151ST STREET  
CARMEL IN 46032

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INDIANAPOLIS LIFE INSURANCE COMPANY

V

SCHNELL, ROBERT J.  
602 WATTERSON COURT  
INDIANAPOLIS, IN 46227

V

SHORROCK, STEPHEN J.  
52 SCHOOL STREET  
NORTHPORT NY 11768

AS

RISSEN, REBECCA K.  
2960 N. MERIDIAN ST  
INDIANAPOLIS IN 46208