


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 020 ***150.00

DOCUMENT # 801524 1. Entity Name INDIANAPOLIS LIFE INSURANCE COMPANY			
Principal Place of Business 2960 N MERIDIAN ST INDIANAPOLIS, IN 46208		Mailing Address 2960 N MERIDIAN ST INDIANAPOLIS, IN 46208 US	
2. Principal Place of Business 9200 Keystone Crossing		3. Mailing Address 699 Walnut Street	
Suite, Apt. #, etc. Suite 800		Suite, Apt. #, etc. Suite 1400	
City & State Indianapolis, IN		City & State Des Moines IA	
Zip 46240		Zip 50309	
Country U.S.		Country U.S.	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, ROGER 699 WALNUT 20TH FLOOR DES MOINES, IA 50309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mugge, Mark S 699 Walnut Street, Suite 1400 Des Moines, IA 50309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, VICTOR N 699 WALNUT 20TH FLOOR DES MOINES, IA 50309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE MCPAHAIL, GARY R 611 5TH AVE. DES MOINES, IA 50309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URION, MELINDA SUE 699 WALNUT 20TH FLOOR DES MOINES, IA 50309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GODLASKY, THOMAS C 699 WALNUT 20TH FLOOR DES MOINES, IA 50309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Godlasky, Thomas C 699 Walnut 20th Floor Des Moines, IA 50309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GARRETT, P. RYAN 2960 NORTH MERIDIAN ST. INDIANAPOLIS, IN 46208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EVP D Garrett, P. Ryan 9200 Keystone Crossing, Suite 800 Indianapolis, IN 46240
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Mark S Mugge</i> Mark S Mugge		Date 8/17/04 Daytime Phone # 515-557-3935	

