2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State
07-16-2007 90125 050 ***150.00

DOCUMENT # 801524

1. Entity Name
INDIANAPOLIS LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
9200 KEYSTONE CROSSING #800 INDIANAPOLIS, IN 46240	699 WALNUT STREET STE 1400 DES MOINES, IA 50309 US

07032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P O Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	S SHALLENBERGER, JAMES A 699 WALNUT ST DES MOINES, IA 50309	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Christopher James Littlefield SD 699 Walnut Street, Des Moines, IA 50309	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, BRIAN J 611 FIFTH AVE DES MOINES, IA 50309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mark Kent Hammond T 699 Walnut Street, Des Moines, IA 50309	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE MCPAHAIL, GARY R 611 5TH AVE. DES MOINES, IA 50309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	William Jeffrey Heng V 699 Walnut Street, Des Moines, IA 50309	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D URION, MELINDA SUE 699 WALNUT 20TH FLOOR DES MOINES, IA 50309	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gregory Dean Boal D 9200 Keystone Crossing, Suite 800, Indianapolis, IN 46240	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GODLASKY, THOMAS C 699 WALNUT 20TH FLOOR DES MOINES, IA 50309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVDP GARRETT, P. RYAN 9200 KEYSTONE CROSSING STE 800 INDIANAPOLIS, IN 46240	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David M. Wingert David M. Wingert 7/13/2007 515-362-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #