2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

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1. Entity Name
INDIANAPOLIS LIFE INSURANCE COMPANY

Principal Place of Business
9200 KEYSTONE CROSSING
#800
INDIANAPOLIS, IN 46240

Mailing Address
699 WALNUT STREET
STE 1400
DES MOINES, IA 50309 US

2. Principal Place of Business - No P O Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt #, etc.

City & State

Zip | Country

07032007 Chg-P CR2E034 (12/06)

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

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 _____
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

TITLE	S	■ Delete
NAME	SHALLENBERGER, JAMES A	
STREET ADDRESS	699 WALNUT ST	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	D	☐ Delete
NAME	CLARK, BRIAN J	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	DPCE	☐ Delete
NAME	MCPAHAIL, GARY R	
STREET ADDRESS	611 5TH AVE.	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	D	■ Delete
NAME	URION, MELINDA SUE	
STREET ADDRESS	699 WALNUT 20TH FLOOR	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	D	☐ Delete
NAME	GODLASKY, THOMAS C	
STREET ADDRESS	699 WALNUT 20TH FLOOR	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	EVDP	☐ Delete
NAME	GARRETT, P. RYAN	
STREET ADDRESS	9200 KEYSTONE CROSSING STE 800	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Christopher James Littlefield SD	■ Change ☐ Addition
NAME		
STREET ADDRESS	699 Walnut Street, Des Moines, IA 50309	
CITY-ST-ZIP		
TITLE	Mark Kent Hammond T	☐ Change ■ Addition
NAME		
STREET ADDRESS	699 Walnut Street, Des Moines, IA 50309	
CITY-ST-ZIP		
TITLE	William Jeffrey Heng V	☐ Change ■ Addition
NAME		
STREET ADDRESS	699 Walnut Street, Des Moines, IA 50309	
CITY-ST-ZIP		
TITLE	Gregory Dean Boal D	☐ Change ■ Addition
NAME		
STREET ADDRESS	9200 Keystone Crossing, Suite 800, Indianapolis, IN 46240	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 — 7/3/2007 — 515-362-3678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #