801524

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status					
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(Document Number) Certified Copies Certificates of Status					
Certified Copies Certificates of Status	(Business Entity Name)				
Certified Copies Certificates of Status					
	(Document Number)				
Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
Special Instructions to Filing Officer:					
Special instructions to Filing Officer:	Consideration to Efficiency				
	Special Instructions to Filing Officer:				
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2008 SEP 26 AMII: 43
SECRETARY OF STATE

correction

TB 10/3/08

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Indianapolis Life Insu	rance Company				
DOCUMENT NUMBER: 801524	Name of Corporation)				
The enclosed Articles of Correction and for	ce are submitted for filing.				
Please return all correspondence concerni	ng this matter to the following:				
Adam Perri					
(Name of Contact Person)					
Dewey & LeBoeuf	LLP				
(Firm/Company)					
1301 Avenue of the Americas					
(Address)					
New York, NY 10019	9				
(City/State and Zip Code) For further information concerning this m	atter, please call:				
Adam Perri	at (212) 259-8121 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amo	ount:				
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status				
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

ARTICLES OF CORRECTION

for

PALLAHASSEP 26 AM 11: 43 TALLAHASSEP OF STATE ORION

Indianapolis Life Insurance Company

Name of Corpora	tion as currently filed with the Flo	orida Dept, of State	-1/60/A/r-
	004504		FLORIOA
	801524 Document Number (if known)		·
	Document Number (If known)		
ursuant to the provisions of Section 6 tese Articles of Correction within 30 teses.	07.0124 or 617.0124, days of the file date of	Florida Statutes, this co the document being co	orporation files rrected.
hese articles of correction correct App	olication by Foreign Corporati	on for Withdrawal of Authority	to Transact Business in Flo
	(Docume	ent Type Being Corrected)	
led with the Department of State on _	9/8/08		
	(File Date of Doo	rument)	
pecify the inaccuracy, incorrect stater	nent, or defect:		
The withdrawal application re	eflects an effecti	ve date of Octobe	er 1, 2008.
	-···		
· · · · · · · · · · · · · · · · · · ·			
•			
forrect the inaccuracy, incorrect stater	nent, or defect:		
The effective date of the withd	rawal application	should be Septemb	per 30, 2008.
•			
1 Willes			
(Signature of a dispet not been selected, by other court appointed	or president or other officer - if di an incorporator - if in the hands of diduciary, by that fiduciary.)	rectors or officers have of the receiver, trustee, or	
Michael H. Miller		Secretary	
(Typed or printed name of person sum)	inur)		sercon cionina)

Filing Fee: \$35.00