

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820852

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: THE STATE LIFE INSURANCE COMPANY

**Current Principal Place of Business:**

ONE AMERICAN SQUARE  
INDIANAPOLIS, IN 46282

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 406  
INDIANAPOLIS, IN 46206

**New Mailing Address:**

FEI Number: 35-0684263      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEOC ( ) Delete  
Name: MOLENDORP, DAYTON H  
Address: 6507 CASTLE KNOLL COURT  
City-St-Zip: INDIANAPOLIS, IN 46250

Title: S/D ( ) Delete  
Name: ZUREK, THOMAS M  
Address: 11149 CROOKED STICK LN  
City-St-Zip: CARMEL, IN 46032

Title: T ( ) Delete  
Name: BROUGHTON, RONALD L  
Address: 8876 RAHKE ROAD  
City-St-Zip: INDIANAPOLIS, IN 46217

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: WILKERSON, MARK A  
Address: 4206 HEYWARD PL  
City-St-Zip: INDIANAPOLIS, IN 46250

Title: CFO ( ) Change (X) Addition  
Name: DAVISON, J.SCOTT  
Address: 4281 CREEKSIDE PASS  
City-St-Zip: ZIONSVILLE, IN 46077

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. ZUREK

S/D

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date