

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820852

FILED
Feb 03, 2012
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 368
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

OFFICERS AND DIRECTORS:

Title: CEOC
Name: MOLENDORP, DAYTON H
Address: 1 AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 46282

Title: S/D
Name: ZUREK, THOMAS M
Address: 1 AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 46282

Title: P
Name: WILKERSON, MARK A
Address: 1 AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 46282

Title: D
Name: DAVISON, J. SCOTT
Address: 1 AMERICAN SQAURE
City-St-Zip: INDIANAPOLIS, IN 46282

Title: CFO
Name: HOLLEY, JEFFREY D
Address: 1 AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 46282

Title: D
Name: ROLLERY, MARK C
Address: 1 AMERICAN SQUARE
City-St-Zip: INDIANAPOLIS, IN 46282

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M. ZUREK

SD

02/03/2012

Electronic Signature of Signing Officer or Director

Date