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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845371

(4)

1. Corporation Name

IL ANNUITY AND INSURANCE COMPANY

Principal Place of Business

84 STATE STREET
BOSTON MA 02109

Mailing Address

2860 N. MERIDIAN STREET
INDIANAPOLIS IN 46206-4715
US



3. Date Incorporated or Qualified

02/28/1980

3a. Date of Last Report

01/31/1996

4. FEI Number

~~01-2445685~~ 35-1935680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and client applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE
NAME MCKINNEY, MARGARET M
STREET ADDRESS 6828 BLOOMFIELD DRIVE
CITY- ST- ZIP INDIANAPOLIS IN 46259

TITLE PD ☐ DELETE
NAME CARNEY, GREGORY J
STREET ADDRESS 8705 STURGEON BAY LANE
CITY- ST- ZIP INDIANAPOLIS IN 46236

TITLE T ☐ DELETE
NAME TRUEBLOOD, GENE J
STREET ADDRESS 6570 FORREST COMMONS BLVD.
CITY- ST- ZIP INDIANAPOLIS IN 46227

TITLE CD ☐ DELETE
NAME PRIBLE, LARRY
STREET ADDRESS 12443 PEBBLEPOINTE PASS
CITY- ST- ZIP CARMEL IN 46033

TITLE D ☐ DELETE
NAME BOYD, WILLIAM
STREET ADDRESS 8126 HALYARD WAY
CITY- ST- ZIP INDIANAPOLIS IN 46236

TITLE D ☐ DELETE
NAME FAHRENBACH, JOHN J
STREET ADDRESS 5405 N 150W
CITY- ST- ZIP LEBANON IN 46052

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret M McKinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

(317) 9 27-6500

Daytime Phone #

CR2E034 (9/96)