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PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 08 1998 8:00am
Secretary of State

DOCUMENT # 845371

1. Corporation Name

IL ANNUITY AND INSURANCE COMPANY

Principal Place of Business

84 STATE STREET
BOSTON MA 02109

Mailing Address

2960 N MERIDIAN STREET
INDIANAPOLIS IN 46208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1980

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
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 title if 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 PEBBLEPOINT 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 S ☐ Change ☒ Addition

1.2 NAME FOXWORTHY-PARKER, LISA P
1.3 STREET ADDRESS 696 NORTH MAIN STREET
1.4 CITY-ST-ZIP FRANKLIN IN 46131

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 AS ☐ Change ☒ Addition

5.2 NAME STAHL, CHRIS A
5.3 STREET ADDRESS 2560 N Meridian Street
5.4 CITY-ST-ZIP INDIANAPOLIS IN 46208

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***150.00

14. I 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:

CHRIS A STAHL, ASSIST SECRETARY 4/16/98 (317) 927-6651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #