

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845371

1. Entity Name

IL ANNUITY AND INSURANCE COMPANY

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90019 003 \*\*\*150.00

Principal Place of Business

Mailing Address

84 STATE STREET  
BOSTON MA 02109

2960 N. MERIDIAN STREET  
INDIANAPOLIS IN 46208-4715  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1935680

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Delete  
NAME FOXWORTHY-PARKER, LISA P  
STREET ADDRESS 696 NORTH MAIN STREET  
CITY-ST-ZIP FRANKLIN IN 46131

TITLE ST ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FUNK, JANIS B  
STREET ADDRESS 8341 CATAMARAN DRIVE  
CITY-ST-ZIP INDIANAPOLIS IN 46236

TITLE V ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME STAHL, CHRIS A  
STREET ADDRESS 2560 N MERIDIAN STREET  
CITY-ST-ZIP INDIANAPOLIS IN 46208

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:

*Rebecca K. Rissen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca K. Rissen

4/25/2000

317-927-6500

Date

Daytime Phone #

# 845371  
A0049898

IL ANNUITY AND INSURANCE CO.  
ADDITIONAL OFFICERS/DIRECTORS

D  
HALBACH, LARRY A.  
8341 CATAMARAN DRIVE  
INDIANAPOLIS IN 46236

V  
MCDIVITT, WESLEY M.  
2092 LAKE RUN DRIVE  
GREENWOOD IN 46143

D  
RYAN, GARY PATRICK  
1441 E. 151ST STREET  
CARMEL IN 46032

D  
SHORROCK, STEPHEN J.  
88 SCUDDER PLACE  
NORTHPORT NY 11768

D  
VEST, KARLA K.  
6944 N COUNTY ROAD 201E  
PITTSBORO IN 46167-9498

AS  
RISSEN, REBECCA K.  
2960 N. MERIDIAN ST  
INDIANAPOLIS IN 46208