

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90038 026 ***150.00

DOCUMENT # 845371

1. Entity 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
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	ST FOXWORTHY-PARKER, LISA P 696 NORTH MAIN STREET FRANKLIN IN 46131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARNEY, GREGORY J 8705 STURGEON BAY LANE INDIANAPOLIS IN 46236	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FUNK, JANIS B 8341 CATAMARAN DRIVE INDIANAPOLIS IN 46236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PRIBLE, LARRY 12443 PEBBLEPOINTE PASS CARMEL IN 46033	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STAHL, CHRIS A 2560 N MERIDIAN STREET INDIANAPOLIS IN 46208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAHRENBACH, JOHN J 5405 N 150W LEBANON IN 46052	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FOXWORTHY-PARKER, LISA P. 139 ULEN BLVD. LEBANON, IN 46052	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RYAN, GARRETT P. 1441 E. 151ST STREET CARMEL IN 46032	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FUNK, JANIS B 6491 N SHERMAN DRIVE INDIANAPOLIS IN 46220	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

Lisa P. Foxworthy-Parker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2001
 Date

317-927-6526
 Daytime Phone #

CR2E034 (10/00)

Attachment
DH# 845371
A0052075

**IL ANNUITY AND INSURANCE CO.
ADDITIONAL DIRECTORS**

D
FREIJE, JR., RICHARD T.
7509 OLD OAKLAND BLVD W DR
INDIANAPOLIS IN 46236

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

D
SHORROCK, STEPHEN J.
55 SCHOOL STREET
NORTHPORT NY 11768

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