

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90024 033 \*\*\*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

**555 S. Kansas Avenue**

3. Mailing Address

**555 S. Kansas Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Topeka, KS**

City & State

**Topeka, KS**

4. FEI Number

**35-1935680**

Applied For

☐ Not Applicable

Zip

**66603**

Country

**USA**

Zip

**66603**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA STATE INSURANCE COMMISSIONER  
 CAPITOL BUILDING  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **ST** ☒ Delete  
 NAME **FOXWORTHY-PARKER, LISA P**  
 STREET ADDRESS **139 ULEN BLVD**  
 CITY-ST-ZIP **LEBANON IN 48052**

TITLE **PD** ☒ Delete  
 NAME **RYAN, GARRETT P**  
 STREET ADDRESS **1441 E 151ST STREET**  
 CITY-ST-ZIP **CARMEL IN 48032**

TITLE **VAS** ☒ Delete  
 NAME **FUNK, JANIS B**  
 STREET ADDRESS **6491 N SHERMAN DRIVE**  
 CITY-ST-ZIP **INDIANAPOLIS IN 46220**

TITLE **CD** ☒ Delete  
 NAME **PRIBLE, LARRY**  
 STREET ADDRESS **12443 PEBBLEPOINTE PASS**  
 CITY-ST-ZIP **CARMEL IN 48033**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CDP** ☐ Change ☒ Addition  
 NAME **Mark V. Heitz**  
 STREET ADDRESS **555 S. Kansas Avenue**  
 CITY-ST-ZIP **Topeka, KS 66603**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **Thomas C. Godlasky**  
 STREET ADDRESS **611 Fifth Avenue**  
 CITY-ST-ZIP **Des Moines, IA 50309**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Michael H. Miller**  
 STREET ADDRESS **555 S. Kansas Avenue**  
 CITY-ST-ZIP **Topeka, KS 66603**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Mark K. Hammond**  
 STREET ADDRESS **555 S. Kansas Avenue**  
 CITY-ST-ZIP **Topeka, KS 66603**

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

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 like empowered.

SIGNATURE:

**Michael H. Miller, Secretary**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)