


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90075 029 ***150.00

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DOCUMENT # 801524					
1. Entity Name INDIANAPOLIS LIFE INSURANCE COMPANY					
Principal Place of Business 9200 KEYSTONE CROSSING #800 INDIANAPOLIS, IN 46240		Mailing Address 699 WALNUT STREET STE 1400 DES MOINES, IA 50309 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 35-0413330	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKS, ROGER		NAME	Clark, Brian J.	
STREET ADDRESS	699 WALNUT 20TH FLOOR		STREET ADDRESS	611 Fifth Avenue	
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP	Des Moines, IA 50309	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALEY, VICTOR N		NAME	Mugge, Mark S.	
STREET ADDRESS	699 WALNUT 20TH FLOOR		STREET ADDRESS	699 Walnut Street	
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP	Des Moines, IA 50309	
TITLE	DPCE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPAHAIL, GARY R		NAME		
STREET ADDRESS	611 5TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URION, MELINDA SUE		NAME		
STREET ADDRESS	699 WALNUT 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODLASKY, THOMAS C		NAME		
STREET ADDRESS	699 WALNUT 20TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	DES MOINES, IA 50309		CITY-ST-ZIP		
TITLE	EVDP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, P. RYAN		NAME		
STREET ADDRESS	9200 KEYSTONE CROSSING STE 800		STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS, IN 46240		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mark S. Mugge</u>		Mark S. Mugge		7/6/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 515-557-3935	