


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90137 033 ***150.00

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
35-0413330

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



03132006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
 P O BOX 6200 (32314-6200)
 200 E. GAINES ST
 TALLAHASSEE, FL 32399-0000**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, ROGER	
STREET ADDRESS	699 WALNUT 20TH FLOOR	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, BRIAN J	
STREET ADDRESS	611 FIFTH AVE	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	DPCE	<input type="checkbox"/> Delete
NAME	MCPAHAIL, GARY R	
STREET ADDRESS	611 5TH AVE.	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	D	<input type="checkbox"/> Delete
NAME	URION, MELINDA SUE	
STREET ADDRESS	699 WALNUT 20TH FLOOR	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	D	<input type="checkbox"/> Delete
NAME	GODLASKY, THOMAS C	
STREET ADDRESS	699 WALNUT 20TH FLOOR	
CITY-ST-ZIP	DES MOINES, IA 50309	
TITLE	EVDP	<input type="checkbox"/> Delete
NAME	GARRETT, P. RYAN	
STREET ADDRESS	9200 KEYSTONE CROSSING STE 800	
CITY-ST-ZIP	INDIANAPOLIS, IN 46240	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Swallenberger, James A	
STREET ADDRESS	699 Walnut Street	
CITY-ST-ZIP	Des Moines, IA 50309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 the like empowered.

SIGNATURE: Mark S. Mugge Date: 3-13-06 Daytime Phone #: (515) 557-3935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR