


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90125 050 \*\*\*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 - No P.O. Box #  
 Suite, Apt. #, etc.

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

07032007 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
**35-0413330**

Applied For  
 Not Applicable

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

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 fee if applicable (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution  **\$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>SHALLENBERGER, JAMES A</b> <b>699 WALNUT ST</b> <b>DES MOINES, IA 50309</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CLARK, BRIAN J</b> <b>611 FIFTH AVE</b> <b>DES MOINES, IA 50309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPCE</b> <b>MCPAHAIL, GARY R</b> <b>611 5TH AVE.</b> <b>DES MOINES, IA 50309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>URION, MELINDA SUE</b> <b>699 WALNUT 20TH FLOOR</b> <b>DES MOINES, IA 50309</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GODLASKY, THOMAS C</b> <b>699 WALNUT 20TH FLOOR</b> <b>DES MOINES, IA 50309</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>EVDP</b> <b>GARRETT, P. RYAN</b> <b>9200 KEYSTONE CROSSING STE 800</b> <b>INDIANAPOLIS, IN 46240</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Christopher James Littlefield SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>699 Walnut Street, Des Moines, IA 50309</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Mark Kent Hammond T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>699 Walnut Street, Des Moines, IA 50309</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>William Jeffrey Heng V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>699 Walnut Street, Des Moines, IA 50309</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Gregory Dean Boal D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9200 Keystone Crossing, Suite 800, Indianapolis, IN 46240</b>
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

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 other like empowered.

SIGNATURE: David M. Wingert David M. Wingert 7/17/2007 515-362-3678  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Expiration Date #