

5-19-97 B-1477 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 801524 (0)
 1. Corporation Name
INDIANAPOLIS LIFE INSURANCE COMPANY



Principal Place of Business: **2060 N MERIDIAN ST INDIANAPOLIS INDIANA 46208**
 Mailing Address: **P.O. BOX 1230 INDIANAPOLIS INDIANA 46206-1230 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/14/1921	04/17/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		35-0413330	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
INSURANCE COMMISSIONER STATE CAPITAL TALLAHASSEE FL 32304				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
		83			
		84 City		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAFT, ELIZABETH J	1.2 NAME	
STREET ADDRESS	6055 GLADDEN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, RICHARD A	2.2 NAME	
STREET ADDRESS	5118 BEAUMONT WAY, S.DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	2.4 CITY-ST-ZIP	
TITLE	TVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUEBLOOD, GENE E.	3.2 NAME	
STREET ADDRESS	6570 FORREST COMMONS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKINNEY, MARGARET M.	4.2 NAME	
STREET ADDRESS	6828 BLOOMFIELD	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIBLE, LARRY R	5.2 NAME	
STREET ADDRESS	3615 PEBBLEPOINTE PASS	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARMEL IN	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISSSEN, REBECCA K.	6.2 NAME	
STREET ADDRESS	4242 SUNRISE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 4/25/97 (317) 927-6500

CR2E034 (9/96)