

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 801524 (0)**  
 1. Corporation Name  
**INDIANAPOLIS LIFE INSURANCE COMPANY**



Principal Place of Business <b>2960 N MERIDIAN ST INDIANAPOLIS INDIANA 46208</b>	Mailing Address <b>P.O. BOX 1230 INDIANAPOLIS INDIANA 46206-1230 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/14/1921</b>	
21		26		4. FEI Number <b>35-0413330</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER STATE CAPITAL TALLAHASSEE FL 32304</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRAFT, ELIZABETH J</b>	1.2 NAME	<b>KRAFT-MEEK, ELIZABETH J</b>
STREET ADDRESS	<b>6055 GLADDEN DRIVE</b>	1.3 STREET ADDRESS	<b>410 Sugar Tree Lane</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	1.4 CITY-ST-ZIP	<b>Indianapolis IN 46260</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEELE, RICHARD A</b>	2.2 NAME	
STREET ADDRESS	<b>5118 BEAUMONT WAY, S.DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS, IN 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VP, Chief Invest Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUEBLOOD, GENE E.</b>	3.2 NAME	<b>and Treasurer</b>
STREET ADDRESS	<b>6570 FORREST COMMONS BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>Sec, VP, Treas</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCKINNEY, MARGARET M.</b>	4.2 NAME	<b>FOXWORTHY-PARKER, LISA PAIGE</b>
STREET ADDRESS	<b>6828 BLOOMFIELD</b>	4.3 STREET ADDRESS	<b>696 North Main Street</b>
CITY-ST-ZIP	<b>INDIANAPOLIS, IN 00000</b>	4.4 CITY-ST-ZIP	<b>Franklin, IN 46131</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRIBLE, LARRY R</b>	5.2 NAME	
STREET ADDRESS	<b>3815 PEBBLEPONTE PASS</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARMEL IN</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RISSEN, REBECCA K.</b>	6.2 NAME	<b>AS Stahl, Chris A</b>
STREET ADDRESS	<b>4242 SUNRISE RD.</b>	6.3 STREET ADDRESS	<b>2960 N MERIDIAN STREET</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	6.4 CITY-ST-ZIP	<b>INDIANAPOLIS IN 46208</b>

14. 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 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:  **CHRIS A STAHL, ASSIST SECRETARY 4/16/98 (317) 927-6651**

CR2E034 (10/97)