

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90070 002 ***150.00

DOCUMENT # 801524

1. Entity Name

INDIANAPOLIS LIFE INSURANCE COMPANY

950399



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2960 N MERIDIAN ST INDIANAPOLIS IN 46208	Mailing Address 2960 N MERIDIAN ST INDIANAPOLIS IN 46208 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 35-0413330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
STATE CAPITAL
TALLAHASSEE FL 32304**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAFT, ELIZABETH J 410 SUGAR TREE LANE INDIANAPOLIS IN 46260	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEPO, GERALD L 355 N. LANSING STREET INDIANAPOLIS IN 46202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRUEBLOOD, GENE E. 6570 FORREST COMMONS BLVD. INDIANAPOLIS IN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVT FOXWORTHY-PARKER, LISA P 696 NORTH MAIN STREET FRANKLIN IN 46131	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRIBLE, LARRY R 3615 PEBBLEPOINTE PASS CARMEL IN	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STAHL, CHRIS A 2960 N MERIDIAN STREET INDIANAPOLIS IN 46208	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris A Stahl* Date: **4/6/2001** Daytime Phone #: **317-927-6526**

CR2E034 (10/00)

Attachment
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INDIANAPOLIS LIFE INSURANCE COMPANY
ADDITIONAL DIRECTORS

D
DECOUDREAUX, ALECIA A.
LILLY CORPORATE CENTER/DC 1132
INDIANAPOLIS IN 46285

D
GEORGE, ANTON H.
4790 W 16TH STREET
INDIANAPOLIS IN 46222

D
LOVEDAY, WILLIAM J.
1701 N SENATE BLVD
INDIANAPOLIS IN 46206

D
PAINE, ANDREW J.
ONE INDIANA SQUARE MS 501
INDIANAPOLIS IN 46204

D
SEASE, DR. GENE E.
101 W OHIO STREET STE 1800
INDIANAPOLIS IN 46204

ADDITIONAL OFFICERS

V
BRENTLINGER, DAVID A.
14373 AVIAN WAY
CARMEL IN 46033

V
CANINE, JONATHAN A.
13207 ABBOTTS PLACE
CARMEL IN 46032

V
CASSEL, JAMES W.
11168 WESTMINSTER WAY
CARMEL IN 46032

V
COTLAR, MARK J.
1623 LANCASTER COURT
INDIANAPOLIS IN 46260

V
DELGADO, KAREN S.
4800 LITTLE HURRICANE ROAD
MARTINSVILLE IN 46151

V
FREIJE, JR., RICHARD T.
7509 OLD OAKLAND BLVD W DR
INDIANAPOLIS IN 46236

VAS
FUNK, JANIS B.
6491 N SHERMAN DRIVE
INDIANAPOLIS, IN 46220

V
HALBACH
8341 CATAMARAN DRIVE
INDIANAPOLIS IN 46236

V
KING, KEVIN
326 W GREYHOUND PASS
CARMEL IN

V
KREYDA, LINDA M.
10550 BRECKEN RIDGE DRIVE
CARMEL IN 46033

V
NOVOTNEY, MARC D.
135 W JORDAN ROAD
INDIANAPOLIS IN 46217

V
RYAN, GARY PATRICK
1441 E. 151ST STREET
CARMEL IN 46032

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INDIANAPOLIS LIFE INSURANCE COMPANY

V

SCHNELL, ROBERT J.
602 WATTERSON COURT
INDIANAPOLIS, IN 46227

V

SHORROCK, STEPHEN J.
52 SCHOOL STREET
NORTHPORT NY 11768

AS

RISSEN, REBECCA K.
2960 N. MERIDIAN ST
INDIANAPOLIS IN 46208