

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90019 020 ***150.00



DOCUMENT # 801524
 1. Entity Name
INDIANAPOLIS LIFE INSURANCE COMPANY

Principal Place of Business: **2960 N MERIDIAN ST INDIANAPOLIS, IN 46208**
 Mailing Address: **2960 N MERIDIAN ST INDIANAPOLIS, IN 46208 US**

2. Principal Place of Business: **9200 Keystone Crossing, Suite 800, Indianapolis, IN 46240**
 3. Mailing Address: **699 Walnut Street, Suite 1400, Des Moines, IA 50309**



08172004 Chg-P CR2E034 (10/03)

4. FEI Number: **35-0413330**
 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, City, State (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: _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004
 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BROOKS, ROGER STREET ADDRESS: 699 WALNUT 20TH FLOOR CITY-ST-ZIP: DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Addition NAME: Muge, Mark S STREET ADDRESS: 699 Walnut Street, Suite 1400 CITY-ST-ZIP: Des Moines, IA 50309	<input type="checkbox"/> Change
TITLE: D NAME: DALEY, VICTOR N STREET ADDRESS: 699 WALNUT 20TH FLOOR CITY-ST-ZIP: DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change NAME: <input type="checkbox"/> Addition	
TITLE: DPCE NAME: MCPAHAIL, GARY R STREET ADDRESS: 611 5TH AVE. CITY-ST-ZIP: DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change NAME: <input type="checkbox"/> Addition	
TITLE: D NAME: URION, MELINDA SUE STREET ADDRESS: 699 WALNUT 20TH FLOOR CITY-ST-ZIP: DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change NAME: <input type="checkbox"/> Addition	
TITLE: DVP NAME: GODLASKY, THOMAS C STREET ADDRESS: 699 WALNUT 20TH FLOOR CITY-ST-ZIP: DES MOINES, IA 50309	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change NAME: Godlasky, Thomas C STREET ADDRESS: 699 Walnut 20th Floor CITY-ST-ZIP: Des Moines, IA 50309	<input type="checkbox"/> Addition
TITLE: EVP NAME: GARRETT, P. RYAN STREET ADDRESS: 2960 NORTH MERIDIAN ST. CITY-ST-ZIP: INDIANAPOLIS, IN 46208	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change NAME: Garrett, P. Ryan STREET ADDRESS: 9200 Keystone Crossing, Suite 800 CITY-ST-ZIP: Indianapolis, IN 46240	<input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark S Muge* Mark S Muge *8/17/04* 515-557-3935
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #