

1.) CORPORATION NAME:

Anthem Life Insurance Company

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F0416992**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,452,599
CONVP	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 MONUMENT CIRCLE

CITY/ST/ZIP: INDIANAPOLIS, IN 46204-4903

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JEFFREY S SPAHR TITLE: PRESIDENT ADDRESS: 4553 LA TIENDA DRIVE CITY/ST/ZIP/CO: THOUSAND OAKS, CA 91362	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: R DAVID KRETSCHMER TITLE: TREASURER ADDRESS: 120 MONUMENT CIR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHLEEN S KIEFER TITLE: SECRETARY ADDRESS: 120 MONUMENT CIR CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KRISTIN A SWINGLE TITLE: ASST SECRETARY ADDRESS: 6740 NORTH HIGH STREET CITY/ST/ZIP/CO: WORTHINGTON, OH 43085	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CARTER A BECK TITLE: DIRECTOR ADDRESS: 3000 GOFFS FALLS CITY/ST/ZIP/CO: MANCHESTER, NH 03111	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WAYNE S DEVEYDT TITLE: DIRECTOR ADDRESS: 120 MONUMENT CIRCLE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	CATHERINE I KELAGHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 MONUMENT CIRCLE		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHLEEN S KIEFER	KATHLEEN S KIEFER,	10/8/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.