

Corporate Secretary Division

Anthem, Inc.  
120 Monument Circle  
Indianapolis, IN 46204-4903  
Tel 317 488-6169  
Fax 317 488-6863

**Anthem**

December 11, 2000

813009

Florida Secretary of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

600003504600--3  
-12/18/00--01142--001  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Anthem Life Insurance Company  
Application for Certificate of Authority for a Foreign Profit Corporation

Dear Sir or Madam:

Anthem Life Insurance Company is a subsidiary of Anthem Insurance Companies, Inc.

Enclosed for filing is an Application by Foreign for Profit Corporation to file Amendment to Application for Conducting Affairs in Florida on behalf of Anthem Life Insurance Company. The purpose of the Amendment is to change the name of the corporation. Also enclosed is our check in the amount of \$35.00 to cover the filing fee.

If you have questions or require additional information, please contact me at the address above or by calling 317-488-6168.

Sincerely,

M. Ellen Rooze  
Assistant Secretary  
Subsidiary Operations

MER/ms

Enclosures

00 DEC 18 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

813009  
3/28  
MC  
12-18-00

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

1. Anthem Life Insurance Company of Indiana  
Name of corporation as it appears on the records of the Department of State.
2. Indiana 3. August 25, 1958  
Incorporated under laws of Date authorized to do business in Florida

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? June 12, 2000

5. Anthem Life Insurance Company  
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
New Jurisdiction

  
Signature

December 11, 2000  
Date

Nancy L. Purcell  
Typed or printed name

Secretary  
Title

**FILED**  
**DEC 18 PM 1:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF FACT**

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the state of Indiana, the custodian of corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**ANTHEM LIFE INSURANCE COMPANY**

filed Articles of Amendment effective June 12, 2000 changing the name of the entity from

**ANTHEM LIFE INSURANCE COMPANY OF INDIANA**

to

**ANTHEM LIFE INSURANCE COMPANY**



In Witness Whereof, I have hereunto set my hand and affixed the seal of the state of Indiana, at the City of Indianapolis, this Tuesday, December 12, 2000

*Sue Anne Gilroy*

SUE ANNE GILROY, Secretary of State

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