

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90015 008 ***150.00

DOCUMENT # 850084

1. Entity Name
ANTHEM ALLIANCE HEALTH INSURANCE COMPANY

Principal Place of Business 8085 KNUE ROAD INDIANAPOLIS IN 46250 US	Mailing Address 120 MONUMENT CIRCLE M3NG INDIANAPOLIS IN 46204-4906 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8085 Knue Road Suite, Apt. #, etc.	3. Mailing Address 120 Monument Circle Suite, Apt. #, etc. M3NG
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City & State Indianapolis, IN	City & State Indianapolis, IN	4. FEI Number 75-1461960	Applied For <input type="checkbox"/> Not Applicable
Zip 46250	Country Marion	Zip 46204	Country Marion

6. Name and Address of Current Registered Agent STATE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRUECKNER, STEFEN F 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PLEASE SEE ATTACHED LISTING FOR DIRECTORS AND OFFICERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS HANUS, WAYNE R ONE CENTENNIAL AVE PISCATAWAY NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, GEORGE D 4040 VINCENNES CIRCLE INDIANAPOLIS IN 46268-3027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PURCELL, NANCY L 120 MOUNMENT CIRCLE INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO VANDERVEN, WILLIAM R JR 8085 KNUE ROAD INDIANAPOLIS IN 46250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ULLERY, CAROL J 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 <input type="checkbox"/> Delete	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: Rebecca S. M. Ceine January 25, 2000 317 488 6192
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)