

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90063 024 ***150.00

0586069

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 US |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 8085 Knue Road | 3. Mailing Address 120 Monument Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. Attn: B. McClure M3NG |
| City & State Indianapolis, IN | City & State Indianapolis, IN |
| Zip 46250 | Country U.S. |
| Country U.S. | Zip 46204 |



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 75-1461960 | 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

**STATE INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
N/A

Street Address (P.O. Box Number is Not Acceptable)

N/A

City
N/A

Zip Code
FL N/A

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 _____ DATE **January 24, 2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

| | | |
|--|--|---------------------------------|
| 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 | DAS HANUS, WAYNE R ONE CENTENNIAL AVE PISCATAWAY NJ | <input type="checkbox"/> Delete |
| 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 | CS PURCELL, NANCY L 120 MOUNMENT CIRCLE INDIANAPOLIS IN 46204 | <input type="checkbox"/> Delete |
| 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 | S ULLERY, CAROL J 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Barbara J. Gagel 8115 Knue Road Indianapolis, IN 46250 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Sandra Miller 120 Monument Circle Indianapolis, IN 46204 | <input checked="" 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 | Assistant Corp. Secretary Rebecca S. McClure 120 Monument Circle Indianapolis, IN 46204 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

PLEASE SEE ATTACHED LISTING FOR ADDITIONAL CHANGES AS SUBMITTED IN YEAR 2000

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. McClure **Rebecca S. McClure** **January 24, 2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Attachment
919977
#850084

Directors, Officers Report

Anthem Alliance Health Insurance Company

Thursday, January 25, 2001

DIRECTORS

Barbara Jean Gagel Chairman of the Board & Board Member
Address: 8115 Knue Road
Indianapolis, IN 46250

Cynthia Spade Miller Board Member
Address: 120 Monument Circle
Indianapolis, IN 46204

Sandra Hamilton Miller Board Member
Address: 120 Monument Circle
Indianapolis, IN 46204

Michael Lynn Smith Director
Address: 120 Monument Circle
Indianapolis, IN 46204

Nancy L. Purcell Director
Address: 120 Monument Circle
Indianapolis, IN 46204

OFFICERS

Nancy L. Purcell Secretary
Address: 120 Monument Circle
Indianapolis, IN 46204

George D. Martin Treasurer
Address: 120 Monument Circle
Indianapolis, IN 46204

William R. Vandervennet, Jr. President and Chief Operating Officer
Address: 8085 Knue Road
Indianapolis, IN 46250

Rebecca S. McClure Assistant Secretary
Address: 120 Monument Circle
Indianapolis, IN 46204

Lawrence P. Lance Assistant Treasurer
Address: 8085 Knue Road
Indianapolis, IN 46250

Robert G. Mallison Valuation Actuary
Address: 8085 Knue Road
Indianapolis, IN 46250