

Division of Corporations

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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 290-3338
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TALLAHASSEE, FLORIDA

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION
ANTHEM INSURANCE COMPANIES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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TALLAHASSEE, FLORIDA

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S. ROBERTS
NOV 19 2021

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Anthem Insurance Companies, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Indiana

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
5/22/1944

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 220 Virginia Avenue

(Principal office address)

Indianapolis, IN 46204

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

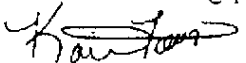
Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, _____ Florida 33324
(City) (Zip code)

2021 NOV 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FL
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9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:  C T Corporation System
by Kaity Toon, Asst. Sect.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Jane Elizabeth Keyser

Chairman: _____

220 Virginia Avenue

Address: _____

Indianapolis, IN 46204

Vice Chairman: _____

Address: _____

Jane Elizabeth Keyser

Director: _____

220 Virginia Avenue

Address: _____

Indianapolis, IN 46204

Ronald W. Penczek

Director: _____

220 Virginia Avenue

Address: _____

Indianapolis, IN 46204

B. OFFICERS

Jane Elizabeth Keyser

President: _____

220 Virginia Avenue

Address: _____

Indianapolis, IN 46204

Vice President: Kimberly A. Roop, M.D.

220 Virginia Avenue

Address: _____

Indianapolis, IN 46204

Kathleen S. Kiefer

Secretary: _____

220 Virginia Avenue, Indianapolis, IN 46204

Address: _____

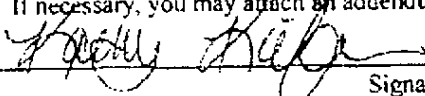
Vincent E. Scher

Treasurer: _____

220 Virginia Avenue, Indianapolis, IN 46204

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Kathleen S. Kiefer, Secretary

13. _____
(Typed or printed name and capacity of person signing application)

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

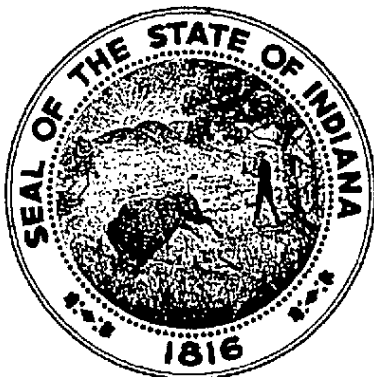
I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ANTHEM INSURANCE COMPANIES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 22, 1944, and was in existence or authorized to transact business in the State of Indiana on November 19, 2021.

I further certify this Domestic Insurance Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 19, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

194107-047 / 20212305856

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>
Expires on December 19, 2021.