

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 17 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002814 (9)  
 1. Corporation Name  
**ANTHEM HEALTH & LIFE INSURANCE COMPANY**



Principal Place of Business: ONE CENTENNIAL AVENUE, PISCATAWAY NJ 08855-1326  
 Mailing Address: ONE CENTENNIAL AVENUE, PISCATAWAY NJ 08855-1326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 06/04/1996  
 3a. Date of Last Report  
 4. FEI Number: 59-1031071  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes (checked), No

9. Name and Address of Current Registered Agent  
**INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: WHITE, JAMES A STREET ADDRESS: ONE CENTENNIAL AVENUE CITY-ST-ZIP: PISCATAWAY NJ 08855-1326	<input type="checkbox"/> DELETE
TITLE: CEO NAME: BRUECKNER, STEFEN F STREET ADDRESS: 4040 VINCENNES CIRCLE CITY-ST-ZIP: INDIANAPOLIS IN 46288	<input type="checkbox"/> DELETE
TITLE: CA NAME: FORD, ALAN D STREET ADDRESS: ONE CENTENNIAL AVENUE CITY-ST-ZIP: PISCATAWAY NJ 08855-1326	<input type="checkbox"/> DELETE
TITLE: TD NAME: MARTIN, GEORGE D STREET ADDRESS: 120 MONUMENT CIRCLE CITY-ST-ZIP: INDIANAPOLIS IN 46204	<input type="checkbox"/> DELETE
TITLE: ATD NAME: DEAL, MAX E STREET ADDRESS: 4040 VINCENNES CIRCLE CITY-ST-ZIP: INDIANAPOLIS IN 46204	<input checked="" type="checkbox"/> DELETE
TITLE: CS NAME: PURCELL, NANCY STREET ADDRESS: 120 MONUMENT CIRCLE CITY-ST-ZIP: INDIANAPOLIS IN 46204	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE ATTACHED.

SEE ATTACHED.

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 9/9/97 317-228-7420

CR2E034 (4/97)

March 12, 1997

**ANTHEM HEALTH & LIFE INSURANCE COMPANY**

**Directors**

Stefen F. Brueckner  
Alan D. Ford  
Wayne R. Hanus  
Sandra Miller  
James A. White

**Officers**

Stefen F. Brueckner	Chairman and Chief Executive Officer
James A. White	President and Chief Operating Officer
George D. Martin	Treasurer
Wayne R. Hanus	Assistant Treasurer
Carol J. Ullery	Corporate Secretary
Sandra Miller	Assistant Secretary
Jeremiah J. Hanrahan	Assistant Secretary