

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

ONE CENTENNIAL AVENUE
PISCATAWAY NJ 08855-1326

ONE CENTENNIAL AVENUE
PISCATAWAY NJ 08855-1326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1996

4. FEI Number

59-1031071

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 120 Monument Circle

22 City & State

27 m3N6

23 Zip

25 Country

28 Zip

30 Country

24

25

29 46204

30 Marion

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WHITE, JAMES A
STREET ADDRESS ONE CENTENNIAL AVENUE
CITY-ST-ZIP PISCATAWAY NJ 08855-1326

TITLE CEO ☐ DELETE

NAME BRUECKNER, STEFEN F
STREET ADDRESS 4040 VINCENNES CIRCLE
CITY-ST-ZIP INDIANAPOLIS IN 46208

TITLE CA ☒ DELETE

NAME FORD, ALAN D
STREET ADDRESS ONE CENTENNIAL AVENUE
CITY-ST-ZIP PISCATAWAY NJ 08855-1326

TITLE TD ☐ DELETE

NAME MARTIN, GEORGE D
STREET ADDRESS 120 MONUMENT CIRCLE
CITY-ST-ZIP INDIANAPOLIS IN 46204

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Brueckner, Stefen F.
2.3 STREET ADDRESS 120 Monument Circle

2.4 CITY-ST-ZIP Indiana pols, IN 46204

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME David R. Frick
3.3 STREET ADDRESS 120 monument Circle

3.4 CITY-ST-ZIP Indiana pols, IN 46204

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME Wayne R. Hanus
5.3 STREET ADDRESS One Centennial Ave.
5.4 CITY-ST-ZIP Piscataway, NJ 08855

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Carol J. Ullery
6.3 STREET ADDRESS 120 monument Circle

6.4 CITY-ST-ZIP Indiana pols, IN 46204

14. 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 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:

2/19/98 (20) 488-1793

CR2E034 (10/97)