


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

**FILED**  
**Feb 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000002814 (9)**  
 1. Corporation Name  
**ANTHEM HEALTH & LIFE INSURANCE COMPANY**



Principal Place of Business <b>ONE CENTENNIAL AVENUE PISCATAWAY NJ 08855-1326</b>	Mailing Address <b>ONE CENTENNIAL AVENUE PISCATAWAY NJ 08855-1326</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>120 Monument Circle</b>	<b>06/04/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 <b>m3N6</b>		<b>59-1031071</b>	
City & State		City & State		Applied For	
23		28 <b>Indianapolis, Indiana</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	25	29 <b>46204</b>	30 <b>Marion</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>INSURANCE COMMISSIONER                  THE CAPITOL                  TALLAHASSEE FL 32399</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, JAMES A</b>	1.2 NAME	
STREET ADDRESS	<b>ONE CENTENNIAL AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PISCATAWAY NJ 08855-1326</b>	1.4 CITY-ST-ZIP	
TITLE	<b>CCEO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>CCEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRUECKNER, STEFEN F</b>	2.2 NAME	<b>Brueckner, Stelen F.</b>
STREET ADDRESS	<b>4040 VINCENNES CIRCLE</b>	2.3 STREET ADDRESS	<b>120 Monument Circle</b>
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46268</b>	2.4 CITY-ST-ZIP	<b>Indianapolis, IN 46204</b>
TITLE	<b>CA</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FORD, ALAN D</b>	3.2 NAME	<b>David R. Frick</b>
STREET ADDRESS	<b>ONE CENTENNIAL AVENUE</b>	3.3 STREET ADDRESS	<b>120 monument Circle</b>
CITY-ST-ZIP	<b>PISCATAWAY NJ 08855-1326</b>	3.4 CITY-ST-ZIP	<b>Indianapolis, IN 46204</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTIN, GEORGE D</b>	4.2 NAME	
STREET ADDRESS	<b>120 MONUMENT CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN 46204</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>Wayne R. Hanus</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>One Centennial Ave.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Piscataway, NJ 08855</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Carol J. Ullery</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>120 monument Circle</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Indianapolis, IN 46204</b>

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) 488-6793

CR2E034 (10/97)