2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004511

Entity Name: ANTHEM UM SERVICES, INC.

Current Principal Place of Business:

220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204

Current Mailing Address:

220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 US

FEI Number: 35-2129194

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	DIRECTOR	Title	SECRETARY
Name	PENCZEK, RONALD WILLIAM	Name	KIEFER, KATHLEEN S
Address	220 VIRGINIA AVENUE	Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	TREASURER	Title	ASSISTANT TREASURER
Name	SCHER, VINCENT EDWARD	Name	NOBLE, ERIC (RICK) KENNETH
Address	220 VIRGINIA AVENUE	Address	220 VIRGINIA AVENUE
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	ASSISTANT SECRETARY	Title	VP
Title Name	ASSISTANT SECRETARY FISHER, MAUREEN ANNE	Title Name	VP TON-NU, TAM QUY
Name	FISHER, MAUREEN ANNE	Name	TON-NU, TAM QUY
Name Address	FISHER, MAUREEN ANNE 4361 IRWIN SIMPSON ROAD MASON OH 45040	Name Address	TON-NU, TAM QUY 220 VIRGINIA AVENUE
Name Address City-State-Zip:	FISHER, MAUREEN ANNE 4361 IRWIN SIMPSON ROAD MASON OH 45040 DIRECTOR	Name Address City-State-Zip:	TON-NU, TAM QUY 220 VIRGINIA AVENUE INDIANAPOLIS IN 46204
Name Address City-State-Zip: Title Name	FISHER, MAUREEN ANNE 4361 IRWIN SIMPSON ROAD MASON OH 45040 DIRECTOR BENINTENDI, LAURIE HELM	Name Address City-State-Zip: Title	TON-NU, TAM QUY 220 VIRGINIA AVENUE INDIANAPOLIS IN 46204 DIRECTOR, PRESIDENT, CHAIRMAN
Name Address City-State-Zip: Title	FISHER, MAUREEN ANNE 4361 IRWIN SIMPSON ROAD MASON OH 45040 DIRECTOR	Name Address City-State-Zip: Title Name	TON-NU, TAM QUY 220 VIRGINIA AVENUE INDIANAPOLIS IN 46204 DIRECTOR, PRESIDENT, CHAIRMAN BURIANEK, DAVID JOSEPH

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

SECRETARY

05/04/2020 Date

Electronic Signature of Signing Officer/Director Detail

Date

FILED May 04, 2020 Secretary of State 8108132288CC