

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004511

Entity Name: ANTHEM UM SERVICES, INC.

Current Principal Place of Business:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

Current Mailing Address:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

FEI Number: 35-2129194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRPERSON AND PRESIDENT
Name ROSENBERG, ALAN
Address 233 S WACKER DRIVE SUITE 3700
City-State-Zip: CHICAGO IL 60606

Title DIRECTOR
Name DEVEYDT, WAYNE S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title DIRECTOR
Name KELAGHAN, CATHERINE I
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KIEFER, KATHLEEN S
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name KRETSCHMER, R.DAVID
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT TREASURER
Name NOBLE, ERIC (RICK) KENNETH
Address 120 MONUMENT CIRCLE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY
Name FISHER, MAUREEN ANNE
Address 4361 IRWIN SIMPSON ROAD
City-State-Zip: MASON OH 45040

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

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date