

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90053 009 ***150.00

DOCUMENT # 850084

1. Entity Name

ANTHEM ALLIANCE HEALTH INSURANCE COMPANY

Principal Place of Business

**8085 KNUE ROAD
 INDIANAPOLIS IN 46250
 US**

Mailing Address

**120 MONUMENT CIRCLE
 M3NG
 INDIANAPOLIS IN 46204
 US**

2. Principal Place of Business

120 Monument Circle

3. Mailing Address

Suite, Apt. #, etc.

City & State

Indianapolis

City & State

Zip

IN

Country

46204

Zip

46204

Country

US

4. FEI Number

75-1461960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BLDG.
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRUECKNER, STEFEN F 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS HANUS, WAYNE R ONE CENTENNIAL AVE PISCATAWAY NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, GEORGE D 4040 VINCENNES CIRCLE INDIANAPOLIS IN 46268-3027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS PURCELL, NANCY L 120 MOUNMENT CIRCLE INDIANAPOLIS IN 46204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCO VANDERVEN, WILLIAM R JR 8085 KNUE ROAD INDIANAPOLIS IN 46250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ULLERY, CAROL J 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PLEASE SEE ATTACHED LISTING. CHANGES TO OFFICERS AND DIRECTORS FOR THIS ENTITY IS REPORTED EACH YEAR, BUT THE CHANGES ARE NOT INDICATED ON THE REPORTS. OLD REPORTS ARE ATTACHED. PLEASE UPDATE YOUR RECORDS TO REFLECT CHANGES IN OUR OFFICERS & DIRECTORS.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
THANK YOU!	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA S. MCCLURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca S. McClure January 17, 2002 317 488 6192

Date

Daytime Phone #

CR2E034 (9/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850084

1. Entity Name

ANTHEM ALLIANCE HEALTH INSURANCE COMPANY

Principal Place of Business

8085 KNUE ROAD
INDIANAPOLIS IN 46250
US

Mailing Address

120 MONUMENT CIRCLE
M3NG
INDIANAPOLIS IN 46204
US

2. Principal Place of Business

8085 Knue Road

3. Mailing Address

120 Monument Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: B. McClure M3NG

City & State

Indianapolis, IN

City & State

Indianapolis, IN

4. FEI Number 75-1461960

Applied For

Not Applicable

Zip

46250

Country U.S.

~~INDIANA~~

Zip

46204

Country

U.S.

~~INDIANA~~

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
N/A

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

N/A

City

N/A

FL

Zip Code
N/A

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD BRUECKNER, STEFEN F 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAS HANUS, WAYNE R ONE CENTENNIAL AVE PISCATAWAY NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTIN, GEORGE D 4040 VINCENNES CIRCLE INDIANAPOLIS IN 46268-3027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CS PURCELL, NANCY L 120 MOUNMENT CIRCLE INDIANAPOLIS IN 46204	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCO VANDERVEN, WILLIAM R JR 8085 KNUE ROAD INDIANAPOLIS IN 46250	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ULLERY, CAROL J 120 MONUMENT CIRCLE INDIANAPOLIS IN 46204	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Barbara J. Gagel 8115 Knue Road Indianapolis, IN 46250	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Sandra Miller 120 Monument Circle Indianapolis, IN 46204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Assistant Corp. Secretary Rebecca S. McClure 120 Monument Circle Indianapolis, IN 46204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca S. McClure
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca S. McClure

January 24, 2001

Date

Daytime Phone #

Attachment
9 29 7412

DO NOT WRITE IN THIS SPACE

ATTACHMENT

DOC# 850084

929NR

Directors, Officers Report

Anthem Alliance Health Insurance Company

Thursday, January 25, 2001

DIRECTORS

Barbara Jean Gagel Chairman of the Board & Board Member
Address: 8115 Knue Road
Indianapolis, IN 46250

Cynthia Spade Miller Board Member
Address: 120 Monument Circle
Indianapolis, IN 46204

Sandra Hamilton Miller Board Member
Address: 120 Monument Circle
Indianapolis, IN 46204

Michael Lynn Smith Director
Address: 120 Monument Circle
Indianapolis, IN 46204

Nancy L. Purcell Director
Address: 120 Monument Circle
Indianapolis, IN 46204

OFFICERS

Nancy L. Purcell Secretary
Address: 120 Monument Circle
Indianapolis, IN 46204

George D. Martin Treasurer
Address: 120 Monument Circle
Indianapolis, IN 46204

William R. Vandervennet, Jr. President and Chief Operating Officer
Address: 8085 Knue Road
Indianapolis, IN 46250

Rebecca S. McClure Assistant Secretary
Address: 120 Monument Circle
Indianapolis, IN 46204

Lawrence P. Lance Assistant Treasurer
Address: 8085 Knue Road
Indianapolis, IN 46250

Robert G. Mallison Valuation Actuary
Address: 8085 Knue Road
Indianapolis, IN 46250

ATTACHMENT

DOC# 850084

929742

ANTHEM ALLIANCE HEALTH INSURANCE COMPANY

BOARD OF DIRECTORS/OFFICERS

As of January 17, 2002

Board of Managers

David R. Frick	120 Monument Circle	Indianapolis	IN	46204
Cynthia S. Miller	120 Monument Circle	Indianapolis	IN	46204
Sandra H. Miller	120 Monument Circle	Indianapolis	IN	46204
Nancy L. Purcell	120 Monument Circle	Indianapolis	IN	46204
Michael L. Smith	120 Monument Circle	Indianapolis	IN	46204

Officers

David R. Frick	Chairman of the Board	120 Monument Circle	Indianapolis	IN	46204
William R. Vandervennet	President	120 Monument Circle	Indianapolis	IN	46204
George D. Martin	Treasurer	120 Monument Circle	Indianapolis	IN	46204
Nancy L. Purcell	Secretary	120 Monument Circle	Indianapolis	IN	46204
Rebecca S. McClure	Assistant Secretary	120 Monument Circle	Indianapolis	IN	46204