# **FILED** Feb 27, 2002 8:00 am Secretary of State 02-27-2002 90053 009 \*\*\*150.00

### 2002 UNIFORM BUSINESS REPORT (UBR)

850084

**DOCUMENT #** 

1. Entity Name ANTHEM ALLIANCE HEALTH INSURANCE COMPANY						
Principal Place of Business		Mailing Address		•		
8085 KNUE ROAD INDIANAPOLIS IN 46250 US		120 MONUMENT CIRCLE M3NG INDIANAPOLIS IN 46204 US				
2. Principal Place of Busine 120 Monument		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Indianapolis		City & State	, , , , , , , , , , , , , , , , , , , ,			
Zip T.N.	Country	Zip	Country			



US US											
Principal Place of Business     3. Mailing Address					1	el diell Ma					
120 Monument Circle											
Suite, Apt	Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE II	N THIS SP	'ACE			
City & Sta			City & State			4. F	El Number		I IA	pplied For	
India	napolis		•				75-1461960			ot Applicable	
Zip		Country	Zip	Country			2.16.1.20.1.2	\$	8.75 Ad		
IN		46204				5. (	Certificate of Status Desired		e Require		
	6. Name a	nd Address of Current Re	gistered Agent			7. N	lame and Address of New Regis	stered Ag	ent		
				N	lame	-					
STATE IN	ISURANCE C	OMMISSIONER			Street Address (P.O. Box Number is Not Acceptable)						
CAPITOL	BLDG.			5	treet Ad	iaress (P.O. B	ox Number is Not Acceptable)				
	SSEE FL 323	M1		_							
Trumpy is a	OOLL I L OLO	<b>70 i</b>									
<del></del>				С	ity			FL	Zip Cod	le	
8. The above	named entity s	submits this statement for th	ne purpose of changing its re	egistered o	ffice or i	registered age	ent, or both, in the State of Florida		·		
						· ·					
SIGNATURE											
O/G/// ITO/IE	Signature, typed or	printed name of registered agent and	title if applicable. (NOTE:	Registered Age	nt signatur	e required when rei	instating)	DATE			
9. This corpo	oration is eligibl	e to satisfy its Intangible	FILE NOW!!!	FEE IS	\$150.0	0					
		d elects to do so.	After May 1, 2002	Fee will	be \$55	50.00	<ol> <li>Election Campaign Financi Trust Fund Contribution.</li> </ol>	ng 🗆	\$5.0	May Be	
(See criter	ria on back)		Make Check Payable	to Depai	rtment	of State	must Fund Contribution.	ш	Adde	d to Fees	
11.		OFFICERS AND DIF	RECTORS	12.		ADI	DITIONS/CHANGES TO OFFICER	RS AND D	IRECTOR	S IN 11	
TITLE	CD		Delete	TITLE		Č			Change	Addition	
NAME	BRUECKNE	r, stefen f		NAME		PLEASE":	SEE ATTACHED LIST	_	CHANG	_ ,	
STREET ADDRESS	120 MONUN	MENT CIRCLE		STREET AD			CERS AND DIRECTORS				
CITY-ST-ZIP	INDIANAPO	LIS IN 46204		CITY-ST-Z			RTED EACH YEAR, BI				
TITLE	DAS		☐ Delete	TITLE			INDICATED ON THE		Change	Addition	
NAME	HANUS, WA	YNE R		NAME		REPORTS.				1	
STREET ADDRESS	ONE CENTE			STREET ADI	norce I		REPORTS. OLD REPORTS ARE ATTACHED. PLEASE UPDATE YOUR RECORDS TO REFLECT				
CITY-ST-ZIP	PISCATAWA	Y NJ		CITY-ST-Z							
TITLE	T		- Delete	TITLE		คับพิเศษที่	CIN OUR OFFICERS 8	· <del>-ntK</del> I	CTORS Change	Addition	
NAME	MARTIN, GE	ORGE D		NAMÉ	l.			_	_ ogo		
STREET ADDRESS		NNES CIRCLE		STREET ADI	DRESS	THANK YO	00!				
CITY-ST-ZIP	INDIANAPOI	LIS IN 46268-3027		CITY-ST-Z	IP 91	1,					
TITLE	CS		☐ Delete	TITLE		~		Г	Change	Addition	
NAME	PURCELL, N	IANCY L		NAME				_	<b>. .</b>		
STREET ADDRESS	120 MOUNN	MENT CIRCLE		STREET ADE	DRESS						
CITY-ST-ZIP	INDIANAPOL	LIS IN 46204		CITY-ST-ZI	IP					}	
TITLE	PCO		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	<del></del>	r	] Change	Addition	
NAME	VANDERVEN	I, WILLIAM R JR		NAME				-			
STREET ADDRESS	8085 KNUE	ROAD		STREET ADD	DRESS						
CITY-ST-ZIP	Indianapol	JS IN 46250		CITY-ST-ZI	P						
TITLE	S		☐ Delete	TITLE		•		Г	Change	Addition	
NAME	ULLERY, CA			NAME				_			
STREET ADDRESS		IENT CIRCLE		STREET ADD	ORESS						
CITY-ST-ZIP	INDIANAPOL	JS IN 46204		CITY-ST-ZI	Р						

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.

WGNATURE COUREDRebecca S. McClure January 17; 2002 317 488 6192 SIGNATURE: 1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

<del></del>	IFORM BUSI	NESS REPO	RT (U	BR)	7	AH		hold	n A
DOCUMEN	IT # 850084					7 (11)		MW	<i>'\</i> \\
i '	NCE HEALTH INSURAI	NCE COMPANY					O1	linu 29	$\mathcal{I}(t)$
Principal Place of Busi	ness	Mailing Address					-1		
8085 KNUE ROAD INDIANAPOLIS IN 46250 US		120 MONUMENT CIRCLE M3NG INDIANAPOLIS IN 46204 US							
2. Principal Place of B		3. Mailing Address		_	1				
8085 Knue Ro	oad	120 Monument Suite, Apt. #, etc.	Circle		1	DO NOT	WRITE IN TH	IIS SDACE	
Suite, Apr. #, etc.		Attn: B. McClur	re M3NO	G		501101	VVIII ( 11 )	113 31 ACL	
City & State	- TN	City & State	TN		<b>4.</b> F	El Number 75-1461	960	<del></del>	oplied For of Applicable
Indianapolis	Country U.S.	Indianapolis		บ.S.	<u> </u>	Contificate of Status Design	ad 🗆	\$8.75 Add	
46250	XM6XEXIXXXX	46204	XMXXXXXXXX	<u> </u>	<u> </u>	ertificate of Status Desir		Fee Require	
6. Na	ame and Address of Current	Registered Agent	- Ne	ame .	7. · N	ame and Address of N	ew Registere	ed-Agent -	<u> </u>
STATE INSUI	RANCE COMMISSIONER			N/A			<del></del>		_
CAPITOL BLE			Str	reet Address (	(P.O. 8)	ox Number is Not Accep	itable)		
TALLAHASSE	E FL 32301			N/A					
			Cir				E	Zip Coo	le
				N/A				L N/	<u>A</u>
8. The above named of	entity submits this statement fo	r the purpose of changing its	registered of	tice or registe	red age	ent, or both, in the State	of Florida.		
SIGNATURE									1
Signature, 1	typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agen	t signature require	u when rei	nstating)	DAT	E	
Tax filing requirem	eligible to satisfy its Intangible ent and elects to do so.	After MAY 1, 200	01 Fee will i	be \$550.00		10. Election Campaig	-		00 May Be
(See criteria on bad	ck) 🗓	Make Check Payab		tment of Sta	1		05510500	NO OURCOTOR	0 1144
TITLE CD	OFFICERS AND	DIRECTORS CO TO	12.	Dir	ecto	DITIONS/CHANGES TO	OFFICERS A	Change	Addition
NAME BRUEC STREET ADDRESS 120 MC	CKNER, STEFEN F ONUMENT CIRCLE IAPOLIS IN 46204	DIRECTORS ED MAL TE	NAME STREET ADD CITY-ST-ZI	Bari 811	bara 5 Kn	J. Gagel ue Road	5250	<b>LL</b> Vilaings	
TITLE DAS	IAPOLIS IN 46204 S, WAYNE R  PLEATING	Delete	TITLE	i	ecto	-		Change	Addition
	S, WAYNE R	GES 4 Fire	NAME	San		Miller			
	CENTENNIAL AVE CHAP	•	STREET ADD	.   120		ument Circle			
TITLE: - T	IAWAT NJ	☐ Delete	TITLE	Ind	iana	polis, IN 40	<u> </u>	☐ Change	Addition
NAME MARTI	n, george d	20000	NAME					<del></del> -	
	VINCENNES CIRCLE		STREET ADD	I .					
TITLE CS	IAPOLIS IN 46268-3027	☐ Delete	TITLE					Change	☐ Addition
	ELL, NANCY L	Dolete	NAME					onlings	
STREET ADDRESS 120 M	OUNMENT CIRCLE		STREET ADD	I .					in y
	IAPOLIS IN 46204	m .	CITY-ST-ZI	P			_	[7] 01	FT Augus
TITLE PCO	RVEN, WILLIAM R JR	☐ Delete	TITLE NAME					Change	Addition
	(NUE ROAD		STREET ADD	DRESS					
CITY-ST-ZIP INDIAN	IAPOLIS IN 46250		CITY-ST-ZI	i				177-	
TITLE S	V 0480L *	☐ Delete	TITLE	I		nt Corp. Seci	retary	XX Change	☐ Addition
	Y, CAROL J ONUMENT CIRCLE		NAME STREET ADD	l l		S. McClure ument Circle			
120 111	IAPOLIS IN 46204		CITY-ST-ZI	i		polis, IN 46	5204		
	at the information supplied with	this filing does not qualify for	the exemption					certify that the in	nformation

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:	+ Leve	cca.	$\gamma \gamma^{\epsilon}$	· Clure
				SIGNING OFFICER OF DIRECTO

Rebecca S. McClure

January 24, 2001

ATTACHMENT

DOC# 850084

#### **Directors, Officers Report**

#### Anthem Alliance Health Insurance Company

Thursday, January 25, 2001

**DIRECTORS** 

Barbara Jean Gagel

8115 Knue Road

Address:

Indianapolis, IN 46250

Cynthia Spade Miller

**Board Member** 

Chairman of the Board & 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 M	lanagers
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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	ΙN	46204
Nancy L. Purcell	120 Monument Circle	Indianapolis	ΙN	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