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#### **COVER LETTER**

		06 ,	
	COVER	LETTER	<b>;</b> ;
ΓO: New Filing S Division of G	Section Corporations	LETTER  Inc.  ation - must include suffix)	PHILE.
SUBJECT:	Anthem UM Services,	Inc.	KOROS
	(Name of corpora	ation - must include suffix)	,
Dear Sir or Madam:			
	ence," and check are submitted t	for Authorization to Transact Business in Florida," to register the above referenced foreign corporation to	
Please return all corr	respondence concerning this ma	tter to the following:	
	Gail Rauck		
	(Name	e of Person)	
	WellPoint, Inc		
	(Firm/	Company)	
		ircle, INO102B-315	
	•	ddress)	
	Indianapolis, IN		
	(City/Sta	te and Zip code)	
or further informati	ion concerning this matter, pleas	e call:	
Judy Statom	at ( 317	7 , 488-6321	
(Name of Pe		ea Code & Daytime Telephone Number)	
STREET/Co	OURIER ADDRESS:	MAILING ADDRESS: New Filing Section	
Division of C		Division of Corporations	
Clifton Build	ding ive Center Circle	P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee,		Tununu5500, 1 is 52514	
nclosed is a check f	for the following amount:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status &	

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA TO LOWING IS SUBMITTED TO THE STATE OF THE STATE

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Anthem UM Services, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 35-2129194

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4	1/24/2001 (Date of incorporation)	5.		perpetual	vill cease to exist or "perpetual"	<u>-</u>
6.	n/a		(Durant	n. reareorp. v	viii eedae ix exiacix - perpetuar	,
	(SEE SECTION	transacted business in IS 607.1501 & 607.150	02, F.S.,	to determine pe	,	-
7	120 Monument Circle,	Indianapolis, (Principal office addre		46204		
	120 Monument Circle,	Indianapolis,		16204		,,

8. holder of utilization review licensing
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: <u>CT Corporation System</u>

Office Address: 1200 S. Pine Island Road

Plantation , Florida 33324 (Zip code)

#### 10. Registered agent's acceptance;

Having been named us registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert S. Lane
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIREC	TARS
Chairman:	
	120 Monument Circle, Indianapolis, IN 46204
	130 Me 1/2
Vice Chairm	nan:n/a
	<u> </u>
_	
	David C. Colby
Address:	120 Monument Circle, Indianapolis, IN 46204
_	
Director: _	
Address: _	120 Monument Circle, Indianapolis, IN 46204
_	
B. OFFIC	ERS
	Alan B. Rosenberg
Address:	120 Monument Circle, Indianapolis, IN 46204
_	
Vice Preside	ent:
Address: _	
_	
Secretary: _	Nancy L. Purcell
Address:	120 Monument Circle, Indianapolis, IN 46204
Treasurer: _	R. David Kretschmer
Address:	120 Monument Circle, Indianapolis, IN 46204
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/or directors.
13.	
13	(Signature of Director or Officer listed in number 12 of the application)

Nancy L. Purcell, Secretary

(Typed or printed name and capacity of person signing application)

### STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### ANTHEM UM SERVICES, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 24, 2001, and was in existence or authorized to transact business in the State of Indiana on June 05, 2006.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fifth Day of June, 2006.

TODD ROKITA, Secretary of State

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