

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

99 JAN -5 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000004661**

1. Corporation Name

ANTHEM INSURANCE COMPANIES, INC.

Principal Place of Business

120 MONUMENT CIRCLE
INDIANAPOLIS IN 46204

Mailing Address

120 MONUMENT CIRCLE
INDIANAPOLIS IN 46204

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1993

5. FEI Number

35-0781558

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| D | BOW, STEPHEN T | 20 GRAND MIRAMAR DR | HENDERSON NV |
| DPCO | LYTLE, L B | 120 MONUMENT CIRCLE | INDIANAPOLIS IN |
| S | PURCELL, NANCY L | 120 MONUMENT CIR. | INDIANAPOLIS IN 46204 |
| T | MARTIN, GEORGE D | 120 MONUMENT CIRCLE | INDIANAPOLIS IN 46204 |
| EVPC | SHERIDAN, PATRICK M | 120 MONUMENT CIRCLE | INDIANAPOLIS IN |
| C | HOUSER, DWANE R | 120 MONUMENT CIRCLE | INDIANAPOLIS IN |

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
100002735711--9
City
Plantation
Date
11/19/98
Fees
\$488.00
\$3324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Wicky Goldstein
WICKY GOLDSTEIN
REGISTERED AGENT MUST SIGN

WICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date 11-19-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Nancy L. Purcell, Secretary

11/17/1998 (317) 488-6169

Date

Daytime Phone #

CR2E040 (9/98)