## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

8990 DUKE BLVD

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# DOCUMENT # F9500001802

1. Corporation Name

Principal Place of Business 8990 DUKE BLVD

ANTHEM PRESCRIPTION MANAGEMENT, INC.

MASON OH 450	40	MASON OH 45040			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Incorporated or Qualifed			
					04/13/1995	- {		
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For			
21 - 1111Cipai 111	,	26			31-1422034 Not Applicab	le		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			_ \$8.75 Additional	$\neg$		
22		27			5. Certificate of Status Desired Fee Required	<u> ز-</u>		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip			Country	o, the superior state and survey				
24	25	29 30	30		Personal Property Tax. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
CT C	ORPORATION SYSTEM		81	Name		_		
	S. PINE ISLAND RD.		82 Street Ad		Address (P.O. Box Number is Not Acceptable)	7		
	ITATION FL 33324		83	<del>]</del>				
FUNI	IIAHON FE 33324		83	<b>!</b>				
	•		84	City	FL 85 Zip Code	$\neg$		
·						<del>, -  </del>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered agent		13.	ant signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	D	DELETE	1.1 TITLE		Change Addi	_		
NAME	BUXTON, BRADFORD A		1.2 NAME			- \		
STREET ADDRESS	4361 IRWIN SIMPSON RD			T ADDRESS !		- { '		
CITY-ST-ZIP	111.0011.011.10010		1.4 CiTY-			- ( -		
TITLE	P	☐ DELETE	2.1 TITLE	1	P Change Addi	tion		
NAME	DORR, MAJORIE W		2.2 NAME	Į	James R. Lang			
STREET ADDRESS	8990 DUKE BLVD		2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		_		
TITLE	S	☐ DELETE	3.1 TITLE		Assistant Secretary XXChange Addi	tion		
NAME ]	MCLURE, REBECCA S		3.2 NAME	ſ	Rebecca S. McClure	{-		
STREET ADDRESS			3.3 STREE	TADDRESS	same	}		
CITY-ST-ZIP	INDIANAPOLIS IN 64204		3.4. CITY-	ST-ZIP	same			
TITLE	T	☐ DELETE 4.1			☐ Change ☐ Addi	tion		
NAME	MARTIN, GEORGE D		4. 2 NAME	: )		}		
STREET ADDRESS	120 MONUMENT CR	120 MONUMENT CR 4.35		T ADDRESS		\		
CITY-ST-ZIP	INDIANAPOLIS IN 46204		4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		Secretary XX Change □ Addi	tion		
NAME	5.21		5.2 NAME	{	Nancy L. Purcell	İ		
STREET ADDRESS			5.3 STREE	ET ADDRESS	120 Monument Circle	}		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	Indianapolis, IN 46204			
TITLE	☐ DELETE 6.1T		6.1 TITLE		☐ Change X X Addi	tion		
NAME			6.2 NAME		PLEASE SEE ATTACHED LIST FOR DIRECTORS	1		
STREET ADDRESS			6.3 STREE	T ADDRESS		ĺ		

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

6.4 CITY-ST-ZIP

SIGNATURE:

March 15, 1999

317 488 6192

**FILED** 

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90095 018 \*\*\*150.00

Anthem Prescription Management, Inc.

### DIRECTORS:

Larry Clayborn Glasscock Chairman of the Board

SSN : 295-42-1759 Birth Date: 04/04/1948 Effective : 05/07/1998 First Elected: 05/07/1998

Primary : Anthem, Inc.

Address : 120 Monument Circle

Indianapolis, Indiana 46204

Home : 7837 MORNINGSIDE LANE

Address : INDIANAPOLIS, IN 46240

Bradford A. Buxton Board Member

SSN : 038-34-4505 Birth Date: 05/31/1952 Effective : 01/01/1996 First Elected: 01/01/1996

Primary : Anthem Blue Cross and Blue Shield

Address : 4361 Irwin Simpson Road

Mason, Ohio 45040-9498

Home : 8573 Chesney Lane
Address : Cincinnati, OH 45249

Keith R. Faller Board Member

SSN : 201-38-1134 Birth Date: 09/06/1947 Effective: 09/22/1998 First Elected: 09/22/1998

Primary : 120 Monument Circle

Address : 4th Floor

Indianapolis, IN 46204

Home : 668 West 62nd Street Address : Indianapolis, IN 46260

David R. Frick Board Member

Primary : Anthem, Inc.

Address : 120 Monument Circle

Indianapolis, IN 46204

Home : 8508 Green Braes South Drive Address : Indianapolis, Indiana 46234

Larry Clayborn Glasscock Board Member

SSN : 295-42-1759 Birth Date: 04/04/1948 Effective : 05/06/1998 First Elected: 05/06/1998

Primary : Anthem, Inc.

Address : 120 Monument Circle

Indianapolis, Indiana 46204

Home : 7837 MORNINGSIDE LANE Address : INDIANAPOLIS, IN 46240

271585-90095-18 F95000001802

Charles L. Slater

Board Member

SSN

: 100-40-2796

Birth Date: 03/12/1949

Effective : 11/13/1997

First Elected: 11/13/1997

Address

Primary : 4361 Irwin Simpson Road : Mason, OH 45040-9498

Home

: 7133 Champions Lane

Address : West Chester, Ohio 45069

### OFFICERS:

James R. Lang

President

SSN

: 369-48-5372

Birth Date:

Effective : 02/04/1999

First Elected: 02/04/1999

"Primary": 8990 Duke Drive"

Address

: Mason, OH 45040

Home

: None given.

Address

Secretary

Nancy L. Purcell SSN : 288-52-0605

Birth Date: 03/07/1952

Effective: 05/07/1998

First Elected: 05/07/1998

Primary

: Anthem, Inc.

Address

: 120 Monument Circle

Indianapolis, IN 46204

: 506 Deacon Street

Address

: Carmel, Indiana 46032

George D. Martin

Treasurer

First Elected: 02/09/1996

: 216-42-6102

Birth Date: 08/05/1946

Effective : 02/09/1996

Primary Address

: Anthem, Inc. : 120 Monument Circle

Indianapolis, IN 46204

: 3197 Smokey Ridge Lane

Address

: Carmel, IN 46033

Rebecca S. McClure

Assistant Secretary

SSN

: 305-50-5102

Birth Date: 10/22/1948

Effective : 05/07/1998

First Elected: 05/07/1998

Primary : 120 Monument Circle

Address

: Indianapolis, Indiana 46204

765-675-3003 (Home)

Home

: 321 S. West Street

Address

: Tipton, IN 46072

Amy Z. Sansbury, Esq.

Assistant Secretary

: 281-52-6398

Birth Date: 12/12/1953

Effective : 02/09/1996

First Elected: 02/09/1996

Primary

: Anthem Blue Cross Blue Shield

Address

: 4361 Irwin Simpson Road

Mason, OH 45040-9498

Home

: None given.

271585-90095-18 F95000001802

Address

Thomas R. Rasp

Assistant Treasurer

SSN : 302-50-2017 Birth Date: 02/20/1958 Effective : 09/01/1998 First Elected: 09/01/1998

Primary : 8990 Duke Drive Address : Mason, OH 45040

Home : None given.

Address :

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