

2008 FOR PROFIT CORPORATION ANNUAL REPORT


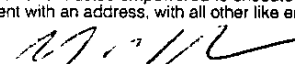
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03252008 Chg-P CR2E034 (12/06)

DOCUMENT # F97000005341					
1. Entity Name BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA, CORPORATION					
Principal Place of Business 1-20 AT ALPINE RD. COLUMBIA, SC 29219-0001			Mailing Address 1-20 AT ALPINE RD. COLUMBIA, SC 29219-0001		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-0287419	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELLERS, M. EDWARD 1-20 AT ALPINE RD. COLUMBIA, SC 292190001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500137858815 11/12/08--01052--010 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAULDS, THOMAS G 1-20 AT ALPINE RD. COLUMBIA, SC 292190001 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORTON, WILLIAM R 1-20 AT ALPINE RD COLUMBIA SC 29219 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAY, VIVIAN B 1-20 AT ALPINE RD. COLUMBIA, SC 292190001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEICHTLE, ROBERT A 1-20 AT ALPINE RD. COLUMBIA, SC 292190001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIZEUR, MICHAEL J 1-20 AT ALPINE RD COLUMBIA, SC 29219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2008 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		MICHAEL J. MIZEUR VICE PRESIDENT		10/30/08 3/27/08 803/788-0222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



**BlueCross BlueShield
of South Carolina**

www.SouthCarolinaBlues.com

An Independent Licensee
of the Blue Cross and
Blue Shield Association

1-20 at Alpine Road
Columbia, S.C. 29219-0001
803-788-0222

2/2

October 30, 2008

Florida Department of State
Division of Corporations
Attn: Ms. Michelle Milligan
Post Office Box 6327
Tallahassee, Florida 32314

Re: Blue Cross and Blue Shield of South Carolina, F97000005341
2008 Florida Corporation Annual Report

Dear Ms. Milligan:

Enclosed in our resubmitted signed 2008 Florida Annual Report along with the \$150 filing fee. As we discussed in our telephone conversation this morning, the original report and check for the filing fee were mailed to you at the end of March, well before the May 1 due date. It now appears that original report and filing fee were lost in the mail. Our accounts payable department contacted the Corporation Division when the check was not cashed after several months and included an unsigned copy of our report as originally mailed. On September 5, we received your letter returning the unsigned copy of the report because the fee was not included, stating that we should return the corrected report within 30 days to avoid the \$400 late fee and administrative revocation. We did return the report and a reissued check to satisfy the filing fee within the 30-day period. On October 2, we received your second letter returning the report and the reissued filing fee because the report was not signed and the check did not include the \$400 late filing penalty. Yesterday we received a Notice of Dissolution or Revocation which was effective September 26, before the expiration of our 30-day reply window.

Based on this information, we respectfully request that the enclosed signed report be accepted and the late filing fee be waived. We also request that the corporation be reinstated in the State of Florida.

Please let me know if there is any additional information that you need or if you have any questions. I can be reached at 803/264-1248, or by e-mail at cathy.herndon@bcbssc.com. Thank you.

Sincerely,

Catherine B. Herndon
Senior Tax Analyst

Enclosures