FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J29030 (0)

1. Corporation Name
ANTHEM HEALTH PLAN OF FLORIDA, INC.

Principal Place of Business	Mailing Address
10199 SOUTHSIDE BLVD STE 301 JACKSONVILLE FL 32256 US	120 MONUMENT CIR M2SI INDIANAPOLIS IN 46204-4903 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/18/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): 4040 Vincennes Circle
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): Indianapolis, IN
Zip (24):
Country (25):
Zip (29): 46268-3027
Country (30): U.S.

4. FEI Number: 74-2439056 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CUNY, JOHN D.
10199 SOUTHSIDE BLVD.
STE. 301
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	1.1 TITLE	☒ Change ☐ Addition	
NAME	FALLER, KEITH R	1.2 NAME		
STREET ADDRESS	120 MONUMENT CIR.	1.3 STREET ADDRESS	4040 Vincennes Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	1.4 CITY-ST-ZIP	46268-3027	
TITLE	D	2.1 TITLE	☒ Change ☐ Addition	
NAME	BELL, MICHAEL O.	2.2 NAME		
STREET ADDRESS	120 MONUMENT CIR	2.3 STREET ADDRESS	4040 Vincennes Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	2.4 CITY-ST-ZIP	46268-3027	
TITLE	DV	3.1 TITLE	☒ Change ☐ Addition	
NAME	CUNY, JOHN D.	3.2 NAME		
STREET ADDRESS	120 MONUMENT CIR	3.3 STREET ADDRESS	4040 Vincennes Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	3.4 CITY-ST-ZIP	46268-3027	
TITLE	DVS	4.1 TITLE	☒ Change ☐ Addition	
NAME	MILLER, SANDRA	4.2 NAME		
STREET ADDRESS	120 MONUMENT CIR	4.3 STREET ADDRESS	4040 Vincennes Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	4.4 CITY-ST-ZIP	46268-3027	
TITLE	DV	5.1 TITLE	☒ Change ☐ Addition	
NAME	FUNK, GLENN W.	5.2 NAME		
STREET ADDRESS	120 MONUMENT CIR	5.3 STREET ADDRESS	4040 Vincennes Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	5.4 CITY-ST-ZIP	46268-3027	
TITLE	DV	6.1 TITLE	☒ Change ☐ Addition	
NAME	DEAL, MAX E	6.2 NAME		
STREET ADDRESS	120 MONUMENT CIR	6.3 STREET ADDRESS	4040 Vincennes Circle	
CITY-ST-ZIP	INDIANAPOLIS IN	6.4 CITY-ST-ZIP	46268-3027	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Mike Deal 4-25-95 (317)228-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476488 FP