

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J29030 (0)

1. Corporation Name

ANTHEM HEALTH PLAN OF FLORIDA, INC.

Principal Place of Business

10199 SOUTHSIDE BLVD  
STE 301  
JACKSONVILLE FL 32256  
US

Mailing Address

4040 VINCENNES CIRCLE  
INDIANAPOLIS IN 46268-3027  
US



3. Date Incorporated or Qualified  
08/18/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 4040 Vincennes Circle  
Suite, Apt. #, etc.

22 City & State

27 Mailpoint F4CP  
City & State

23 Zip

Country

28 Indianapolis, IN  
Zip

Country

24

25

29 46268-3027

30

USA

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

10. Name and Address of New Registered Agent

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

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

Signature, type or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PCD  
FALLER, KEITH R  
4040 VINCENNES CIRCLE  
INDIANAPOLIS IN

☒ DELETE

1.1 TITLE

CD

☐ Change ☒ Addition

TITLE NAME

BELL, MICHAEL O.  
4040 VINCENNES CIRCLE  
INDIANAPOLIS IN

☐ DELETE

1.2 NAME

Steve Brueckner

1.3 STREET ADDRESS

4040 Vincennes Circle  
Indianapolis, IN 46268

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE NAME

CUNY, JOHN D.  
4040 VINCENNES CIRCLE  
INDIANAPOLIS IN

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE NAME

MILLER, SANDRA  
4040 VINCENNES CIRCLE  
INDIANAPOLIS IN

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE NAME

FUNK, GLENN W.  
4040 VINCENNES CIRCLE  
INDIANAPOLIS IN

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE NAME

DEAL, MAX E  
4040 VINCENNES CIRCLE  
INDIANAPOLIS IN

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE NAME

DEAL, MAX E  
4040 VINCENNES CIRCLE  
INDIANAPOLIS IN

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

SIGNATURE: *Sandra Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/94

317-228-7420

CR2E034 (12/95)

## ANTHEM HEALTH PLAN OF FLORIDA, INC.

### Directors

Michael O. Bell  
Stefen F. Brueckner  
John D. Cuny  
Max E. Deal  
Glenn W. Funk  
John C. Lloyd  
Christine M. Metz  
Sandra Miller  
George L. Walker

### Officers

Stefen F. Brueckner	Chairman and Chief Executive Officer
John D. Cuny	President
Max E. Deal	Senior Vice President, Chief Financial Officer and Assistant Treasurer
Glenn W. Funk	Senior Vice President, Chief Actuary and Chief Underwriter
Sandra Miller	Senior Vice President, General Counsel and Corporate Secretary
James K. McNaughton	Vice President, Operations
George D. Martin	Treasurer
Sue E. Hardman	Chief Investment Officer

### Executive Committee

Michael O. Bell  
Stefen F. Brueckner  
John D. Cuny