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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

101

i. Corporation	M HEALTH PLAN OF	FLORIDA, I	NC.	**************************************	114,			
10199 SOUTHSIDE BLVD STE 301			4040 VINCENNES CIRCLE MAILPOINT F4CP					
JACKSONVILLE US	: FL 32296		ndianapolis in 46268-30 Js	ZI		3. Date Incorporated or Qualified	3a. Date of Last R	leport
2. Principal Place of Business			2a. Mailing Address			08/18/1986 4. FEI Number	02/23/1996	oplied For
21 10151 Deerwood Park Blvd.			26			74-2439056	h	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	**********
Building 200, Suite 400			27			5. Certificate of Status Desired	Fee Ro	equired
City & State 23 Jacks	onville, Flori	da 28	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<i>Ζ</i> φ	Country 25 US 29		Zip Country			8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes 🛣 No		
24 32256 25 US 9. Name and Address of Current I			29 30 30 September Agent			10. Name and Address of New Registered Agent		
CUI	NY, JOHN D.			81	Name	10, 10000 210 (12000 2100 1100 110	<u> </u>	
10199 SOUTHSIDE BLVD.				82 Street Add		ress (P.O. Box Number is Not Accepta	ble)	
STE. 301						The section of the transfer of		
JAC	KSONVILLE FL 32256			83]			
		84 City		City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Section	is 607.0502 and	607.1508, Florida Statut	es, the abov] e-named cor	poration submits this statement for the		is registered
office or r agent 1 a	eg stored agent, or both, in in familiar with, and accept	i the State of Flo t the obligations	rida. Such change was r of, Section 607.0505, Flo	authorized by orida Statute	y the corpora s.	poration submits this statement for the ation's board of directors. I hereby acce	ept the appointment as	registered
SIGNATURE								
12.	Simplification Typed or privated name of	registered agent and lit ICERS AND DIRE		E: Registered Age	ent signature requ	pired when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTOR	RS IN 12
70111	CD	OLYIO AIND ONII	DELETE	1.1 TITLE		ADDITIONAJO PARALO TO OTT	Change	Addition
NAME.	BRUECKNER, STEVE			1.2 NAME	j			
STREET ADDRESS				1.3 STREET ADDRESS		SEE ATTACHED		[
CHY-SI-7P	INDIANAPOLIS IN			14 CITY-5	ST-ZIP			
THUE	D		X DELETE	2.1 TITLE			Change	☐ Addition ☐
NAMI	BELL, MICHAEL O. 4040 VINCENNES CII	DOLE		2.2 NAME		SEE ATTACHED		
STREET ADDRESS	INDIANAPOLIS IN	TOLE		2.3 STREET	ſ			-
CHY-SI-ZIP TIME	DV		K] DELETE	2.4 CITY- 3.1 TITLE	51-ZIP		Change	Addition
haMi	CUNY, JOHN D.		32 NA					
STREET ACOURTS	4040 VINCENNES CII	RCLE		3.3 STREET	ADDRESS	SEE ATTACHED		-
CHY+51+70°	INDIANAPOLIS IN			3.4 CITY-	ST-ZIP			
THE	DVS		☐ DELETE	4.1 TITLE			Change	Addition
NAME	MILLER, SANDRA	DOLE		4. 2 NAME	- (SEE ATTACHED)
STREET ADDRESS	4040 VINCENNES CI	HULE		4.3 STREET	- 1	SEE ATTACHED		ļ
CHY-S1-ZIF	INDIANAPOLIS IN		X DELETE	4.4 CITY - S	ST-ZIP	<u> </u>	Change	Addition
NAMI	FUNK, GLENN W.			5 1 TITLE 5.2 NAME	}	SEE ATTACHED	First Change	L AUGINON
STREET ADDRESS	AND A SHEED MARKETON DIRECTOR			5.3 STREET ADDRESS		ODD ATTAVIED		
Cift St. 7iP	INDIANAPOLIS IN			5.4 CiTY-5	ſ			-
THEF	DV		X DELETE	6.1 TITLE			☐ Change	Addition
NAME	DEAL, MAX E			6 2 NAME		SEE ATTACHED		ļ
STREET ADDRESS	4040 VINCENNES CI	RCLE		63 STREET	ADDRESS			(
CHTY - ST - Zift	INDIANAPOLIS IN			6.4 CITY - 3	ST-ZIP			

14. I do nereby 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 procedure 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 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

May 13 1997 8:00am

Secretary of State

ANTHEM HEALTH PLAN OF FLORIDA, INC.

Directors

Stefen F. Brueckner

Joseph I. Berman

Alan D. Ford

Lynne Gross

Lynne Gross

Wayne R. Hanus

Sandra Miller

Joseph I. Brueckner

120 Monument Circle, Indianapolis, Indiana 46204

4361 Irwin Simpson Road, Mason, Ohio 45040

One Centennial Avenue, Piscataway, New Jersey 08855

Cone Centennial Avenue, Piscataway, New Jersey 08855

Sandra Miller

James A. White

One Centennial Avenue, Piscataway, New Jersey 08855

Officers

Stefen F. Brueckner Chairman and Chief Executive Officer

120 Monument Circle, Indianapolis, Indiana 46204

Glenn H. Kollen President and Chief Operating Officer

10151 Deerwood Park Boulevard, Building 200, Suite 400

Jacksonville, Florida 32256

George D. Martin Treasurer

120 Monument Circle, Indianapolis, Indiana 46204

Carol J. Ullery Corporate Secretary

120 Monument Circle, Indianapolis, Indiana 46204

Sandra Miller Assistant Secretary

4040 Vincennes Circle, Indianapolis, Indiana 46268