

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

FILED

Mar 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam,</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J29030** (0)

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



Principal Place of Business <b>10151 DEERWOOD PARK BLVD BLDG 200 STE 400 JACKSONVILLE FL 32256 US</b>	Mailing Address <b>4040 VINCENNES CIRCLE MAILPOINT F4CP INDIANAPOLIS IN 46268-3027 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>08/18/1986</b>	
21 Suite, Apt #, etc.	22 City & State	26 <b>1700 Monument Circle</b>	27 <b>INDY</b>	4. FEI Number <b>74-2439056</b>	Applied For Not Applicable
23 Zip	24 Country	28 <b>Indianapolis, IN</b>	29 <b>46204</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CUNY, JOHN D. 10199 SOUTHSIDE BLVD. STE. 301 JACKSONVILLE FL 32256</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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, typed 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	<b>CD</b>	1.1 TITLE	
NAME	<b>BRUECKNER, STEVE</b>	1.2 NAME	
STREET ADDRESS	<b>4040 VINCENNES CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b>	2.1 TITLE	
NAME	<b>BERMAN, JOSEPH</b>	2.2 NAME	<b>Carol J. Ullery</b>
STREET ADDRESS	<b>4361 IRWIN SIMPSON RD</b>	2.3 STREET ADDRESS	<b>120 Monument Circle</b>
CITY-ST-ZIP	<b>MASON OH</b>	2.4 CITY-ST-ZIP	<b>Indianapolis, IN 46204</b>
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>FORD, ALAN</b>	3.2 NAME	<b>Frick, David R.</b>
STREET ADDRESS	<b>ONE CENTENNIAL AVE</b>	3.3 STREET ADDRESS	<b>170 Monument Circle</b>
CITY-ST-ZIP	<b>PISCATAWAY NJ</b>	3.4 CITY-ST-ZIP	<b>Indianapolis IN 46204</b>
TITLE	<b>DVS</b>	4.1 TITLE	
NAME	<b>MILLER, SANDRA</b>	4.2 NAME	
STREET ADDRESS	<b>4040 VINCENNES CIRCLE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>GROSSE, LYNNE</b>	5.2 NAME	
STREET ADDRESS	<b>4361 IRWIN SIMPSON ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MASON OH</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>HANUS, WAYNE</b>	6.2 NAME	
STREET ADDRESS	<b>ONE CENTENNIAL AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PISCATAWAY NJ</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Carol J. Ullery* Carol J. Ullery

2/10/98 (317) 488-6793

CR2E034 (10/97)