

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001633

FILED
Apr 25, 2005
Secretary of State

Entity Name: ANTHEM PRESCRIPTION MANAGEMENT, LLC

Current Principal Place of Business:

8990 DUKE BOULEVARD
MASON, OH 45040

New Principal Place of Business:

Current Mailing Address:

120 MONUMENT CIRCLE
ATTN: CORPORATE SECRETARY
INDIANAPOLIS, IN 46204

New Mailing Address:

FEI Number: 31-1714795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MURPHY, JOHN M
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGR () Delete
Name: FALLER, KEITH R
Address: 220 VIRGINIA AVENUE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGR () Delete
Name: FRICK, DAVID R
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGR () Delete
Name: SLATER, CHARLES L
Address: 4361 IRWIN SIMPSON ROAD
City-St-Zip: MASON, OH 450409498

Title: MGR (X) Delete
Name: MICHAEL LYNN SMITH,
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRALY, ANGELA F
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HERMAN, JOAN E
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NANCY L. PURCELL

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04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date