

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001633

FILED
Apr 02, 2006
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:

120 MONUMENT CIRCLE
INDIANAPOLIS, IN 46204

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/MANAGERS:

Title: MGR () Delete
Name: BRALY, ANGELA F
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: HERMAN, JOAN E
Address: 1 WELLPOINT WAY
City-St-Zip: THOUSAND OAKS, CA 91362

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

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

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

Title: S () Change (X) Addition
Name: PURCELL, NANCY L
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

Title: T () Change (X) Addition
Name: KRETSCHMER, DAVID
Address: 120 MONUMENT CIRCLE
City-St-Zip: INDIANAPOLIS, IN 46204

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

S

04/02/2006

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