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FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P36794

(6)

1. Corporation Name

ANTHEM BENEFIT SERVICES, INC.

Principal Place of Business

5451 W. LAKEVIEW PARKWAY SOUTH DRIVE  
INDIANAPOLIS IN 46268

Mailing Address

4040 VINCENNES CIRCLE  
MAILPOINT F4CP  
INDIANAPOLIS IN 46268-3027  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1991

4. FEI Number

35-1835818

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CPD  
BRUECKNER, STEFEN F.  
STREET ADDRESS 4040 VINCENNES DRIVE  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME CEO  
BRUECKNER, STEFEN F  
STREET ADDRESS 120 MONUMENT CIRCLE  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME SD  
MILLER, SANDRA H  
STREET ADDRESS 4040 VINCENNES CIRCLE  
CITY-ST-ZIP INDIANAPOLIS IN 46268

TITLE ☐ DELETE

NAME PCEO  
WHITE, JAMES  
STREET ADDRESS ONE CENTENNIAL AVE  
CITY-ST-ZIP PISCATAWAY NJ

TITLE ☐ DELETE

NAME T  
MARTIN, GEORGE D  
STREET ADDRESS 120 MONUMENT CIRCLE  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE ☐ DELETE

NAME S  
ULLERY, CAROL  
STREET ADDRESS 120 MONUMENT CIRCLE  
CITY-ST-ZIP INDIANAPOLIS IN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CPD  
Brueckner, Stefen F.  
1.3 STREET ADDRESS 120 Monument Circle  
1.4 CITY-ST-ZIP Indiana polis, IN 46204

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME SD  
Miller, Sandra  
3.3 STREET ADDRESS 120 Monument Circle  
3.4 CITY-ST-ZIP Indiana polis, IN 46204

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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

CP2E034 (10/97)