

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36794

1. Entity Name

THE ANTHEM COMPANIES, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90191 041 ***150.00

Principal Place of Business

120 MONUMENT CIRCLE
 INDIANAPOLIS IN 46268

Mailing Address

4040 VINCENNES CIRCLE
 MAILPOINT F4CP
 INDIANAPOLIS IN 46268-3027
 US

2. Principal Place of Business

3. Mailing Address

120 Monument Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Indianapolis, Indiana

4. FEI Number **35-1835818**

Applied For

Not Applicable

Zip

Country

Zip
 46204

Country
 USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GLASSCOCK, LARRY C	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURCELL, NANCY L	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SANDRA H	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGE D	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN 46204	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, GEORGE D	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ULLERY, CAROL	
STREET ADDRESS	120 MONUMENT CIRCLE	
CITY-ST-ZIP	INDIANAPOLIS IN	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Purcell, Nancy L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2000

Date

317.488.6169

Daytime Phone #

CR2E034 (9/99)