

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36794

FILED  
Jan 28, 2011  
Secretary of State

**Entity Name:** THE WELLPOINT COMPANIES, INC.

**Current Principal Place of Business:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46268

**New Principal Place of Business:**

**Current Mailing Address:**

120 MONUMENT CIRCLE  
INDIANAPOLIS, IN 46268

**New Mailing Address:**

120 MONUMENT CIRCLE  
IN0102-B371  
INDIANAPOLIS, IN 46268

**FEI Number:** 35-1835818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. 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

**OFFICERS AND DIRECTORS:**

Title: CDP  
Name: DEVEYDT, WAYNE S  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: S  
Name: KIEFER, KATHY S  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D  
Name: KELAGHAN, CATHERINE I  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: D  
Name: BECK, CARTER A  
Address: 3000 GOFFS FALLS ROAD  
City-St-Zip: MANCHESTER, NH 03103

Title: T  
Name: KRETSCHMER, R D  
Address: 120 MONUMENT CIRCLE  
City-St-Zip: INDIANAPOLIS, IN

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHERINE I. KELAGHAN

D

01/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date