	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2021			
1. ID No. <u>001709844</u>			
2. Exact Name of the Limited Liability Company Anthem Services Company, LLC			
3. State of Formation			
State: <u>IN</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online. 813920			
	a Character of the Dusiness Which	in Antually Conducto	d in Rhada Jaland
4. Bhei Description of th	e Character of the Business Which		
PEO			
5. Principal Office Addre	SS		
No. and Street:220 VIRGINIA AVENUECity or Town:INDIANAPOLISState:INZip:46204Country:USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: <u>JAMI J. MEISTER</u> Contact Title: <u>LEGAL SPECIALIST SENIOR</u> No. and Street: <u>220 VIRGINIA AVENUE</u>			
	ANAPOLIS State	: <u>IN</u> Zip: <u>46204</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country
MANAGER	RONALD W PENCZEK	220 VIRG INDIANAPOLIS,	INIA AVENUE IN 46204 USA
MANAGER	JAY H WAGNER	220 VIRGNIA AVENUE	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of August, 2021 at 3:20:26 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHLEEN S KIEFER

Signature of Authorized Person

Form No. 632 Revised 09/07

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