



STATE OF INDIANA

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ERIC HOLCOMB, Governor

Indiana Department of Insurance

311 W. Washington Street, Suite 300

Indianapolis, Indiana 46204-2787

Telephone: (317) 232-2385

Fax: (317) 232-5251

Stephen W. Robertson, Commissioner

Company Name: **Anthem Insurance Companies, Inc.**

NAIC No: 28207

FEIN: 35-0781558

Certificate of Compliance

State of Indiana Office of the Insurance Commissioner

I, **Stephen W. Robertson**, hereby certify that I am the* **Insurance Commissioner** of the State of **Indiana**, and I am the supervisor of insurance business in the state of Indiana and as such I hereby certify that **Anthem Insurance Companies, Inc.** of **Indianapolis, Indiana** is duly organized under the laws of said State and is authorized to transact the business** of **Class II (a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(k-excluding bail bonds)(l)(m) Class III (a)(b)(c)(d) insurance** in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Indianapolis, IN.

12-31-2020

(Dated)



Stephen W. Robertson

(Signature)

Stephen W. Robertson, Commissioner

(printed name)

*Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

**Lines of Insurance as shown on Form No E3 of UCAA

ACCREDITED BY THE
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES
(317) 232-2413

COMPANY COMPLIANCE
(317) 233-0697

CONSUMER SERVICES
(317) 232-2395
1-800-622-4461

EXAMINATIONS/FINANCIAL SERVICES
(317) 232-2390

MEDICAL MALPRACTICE
(317) 232-2402

COMPANY RECORDS
(317) 232-5692

STATE HEALTH INSURANCE PROGRAM
1-800-332-4674

28207

28207

Department of Insurance
State of Indiana
OFFICE OF
Insurance Commissioner

CERTIFICATE OF AUTHORITY

Indianapolis, Indiana March 28, 1996

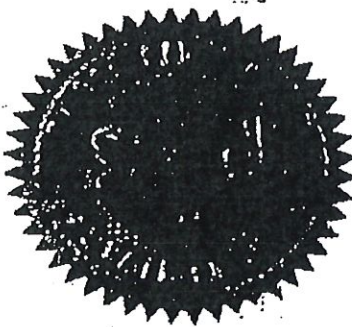
Whereas, The Anthem Insurance Companies, Inc.
of Indianapolis, Indiana having complied with all
the requirements of the laws regulating Multi-Line
Insurance Companies doing business in the State of Indiana,

Therefore, as Insurance Commissioner of the State of Indiana, by virtue of authority vested in me by law,
I do hereby authorize, empower and license the above named company to transact its appropriate business
of:

Class 2 (a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(k excluding bail bonds)(l)(m)

Class 3 (a)(b)(c)(d)

through its duly authorized agents in the State of Indiana, in accordance with the laws thereof which are
applicable to said Company.



IN TESTIMONY WHEREOF I hereunto
subscribe my name and affix the seal of my office
the date written above.

Donna D Bennett

INSURANCE COMMISSIONER