

No. C 192131		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HUMANA PHARMACY SOLUTIONS, INC. TINA HOSKINS PO BOX 740026 LOUISVILLE KY 40201		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	ROY BEVERIDGE	500 W MAIN STREET	LOUISVILLE	KY	USA	40202
VICE PRESIDENT	GEORGE G BAUERNFEIND	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
PRESIDENT	WILLIAM K FLEMING	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
SECRETARY	JOAN O LENAHAH	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	JAMES E MURRAY	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	BRUCE D BROUSSARD	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
5. Organized Under the Laws of: KY C 192131		6. Annual Report must be signed.* Signature: George Bauernfeind Name (type or print): George Bauernfeind Date: 06/30/2014 Title: Vice President				
Processed 06/30/2014		* Electronically provided signatures are accepted as original signatures.				