

No. <b>C 192131</b>		Due no later than Aug 31, 2013 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> 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	JAMES E MURRAY	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	BRUCE D BROUSSARD	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	JAMES H BLOEM	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
TREASURER	JAMES H BLOEM	500 WEST 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
5. Organized Under the Laws of:  <b>KY C 192131</b>		6. Annual Report must be signed.* Signature: George G. Bauernfeind Name (type or print): George G. Bauernfeind				
		Date: 07/11/2013 Title: Vice President				
Processed 07/11/2013		* Electronically provided signatures are accepted as original signatures.				