

No. C 175718		Due no later than Nov 30, 2015 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 VETERANS HEALTHCARE SERVICES, INC. TINA HOSKINS P.O. BOX 740026 LOUISVILLE KY 40201 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
						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	
TREASURER	ALAN BAILEY	500 WEST MAIN ST	LOUISVILLE	KY	USA	40202	
PRESIDENT	ORIE T MULLEN	500 WEST MAIN ST	LOUISVILLE	KY	USA	40202	
SECRETARY	JOAN O LENAHAN	500 WEST MAIN ST	LOUISVILLE	KY	USA	40202	
VICE PRESIDENT	HANK ROBINSON	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
DIRECTOR	BRUCE D BROUSSARD	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
DIRECTOR	ELIZABETH BIERBOWER	500 W MAIN STREET	LOUISVILLE	KY	USA	40202	
DIRECTOR	ROY BEVERIDGE	500 W MAIN STREET	LOUISVILLE	KY	USA	40202	
DIRECTOR	JAMES MURRAY	500 W MAIN STREET	LOUISVILLE	KY	USA	40202	
5. Organized Under the Laws of: DE C 175718		6. Annual Report must be signed.* Signature: HANK ROBINSON Name (type or print): HANK ROBINSON					
		Date: 09/21/2015 Title: VICE PRESIDENT					
Processed 09/21/2015 * Electronically provided signatures are accepted as original signatures.							