No. **C 167673**	**Due no later than Jun 30, 2007**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** HUMANA HEALTH PLAN, INC. DAWN WILLIAMS 500 WEST MAIN STREET LOUISVILLE KY 40202	CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New 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	JAMES H BLOEM	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
SECRETARY	JOAN O LENAHAN	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
PRESIDENT	MICHAEL B MCCALLISTER	500 W MAIN ST	LOUISVILLE	KY	USA	40202

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
KY **C 167673**	Signature: George BAUERNFEIND	Date: 05/24/2007
	Name (type or print): George BAUERNFEIND	Title: Vice President

Processed 05/24/2007

* Electronically provided signatures are accepted as original signatures.