No. C 121170	Due	Due no later than Oct 31, 2006			2. Registered Agent and Address (NO PO BOX)			
Return to:	1A	Annual Report Form		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New Registered Agent Signature:*				
SECRETARY OF STATE	1. Mailing Add	1. Mailing Address: Correct in this box if needed. HUMANA MILITARY HEALTHCARE SERVICES, INC. PO BOX 740026 LOUISVILLE KY 40201-7426						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	PO BOX 740026							
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Addresses of Pre	sident, Secretary, and Directors. Treas	surer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
PRESIDENT GEORGE BAUERNFEIND		500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202		
	O LENAHAN	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202		
DIRECTOR MICHA	EL B MCCALLISTER	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202		
5. Organized Under the Laws of:	6. Annual Report m	6. Annual Report must be signed.*						
DELAWARE	Signature: GEOR	Signature: GEORGE BAUERNFEIND		Date: 08/18/2006				
C 121170	Name (type or pr	Name (type or print): GEORGE BAUERNFEIND		Title: VICE PRESIDENT				
Processed 08/18/2006	* Electronically prov	* Electronically provided signatures are accepted as original signatures.						