

No. C 167673		Due no later than Jun 30, 2017		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 PO BOX 740026 LOUISVILLE KY 40201		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
SECRETARY	JOAN O LENAHAH	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
PRESIDENT	BRUCE D BROUSSARD	500 W MAIN ST	LOUISVILLE	KY	USA	40202
VICE PRESIDENT	HANK ROBINSON	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	BRIAN A KANE	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
DIRECTOR	BRUCE BROUSSARD	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
TREASURER	ALAN BAILEY	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202
5. Organized Under the Laws of: KY C 167673		6. Annual Report must be signed.* Signature: HANK ROBINSON Name (type or print): HANK ROBINSON Date: 06/09/2017 Title: VICE PRESIDENT				
Processed 06/09/2017		* Electronically provided signatures are accepted as original signatures.				