

No. C 175718		Due no later than Nov 30, 2012		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 VETERANS HEALTHCARE SERVICES, INC. ANITA K STEPHENS P.O. BOX 740026 LOUISVILLE KY 40201 USA		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	
TREASURER	JAMES H BLOEM	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
PRESIDENT	TIM S. MCCLAIN	500 WEST MAIN ST	LOUISVILLE	KY	USA	40202	
SECRETARY	JOAN O LENAHA	500 WEST MAIN ST	LOUISVILLE	KY	USA	40202	
5. Organized Under the Laws of: DE C 175718		6. Annual Report must be signed.* Signature: George BAUERNFEIND Name (type or print): George BAUERNFEIND Date: 10/08/2012 Title: Vice President					
Processed 10/08/2012		* Electronically provided signatures are accepted as original signatures.					