

No. C 175718		Due no later than Nov 30, 2016		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. DAWN WILLIAMS 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
PRESIDENT	ORIE T MULLEN	500 WEST MAIN ST	LOUISVILLE	KY	USA	40202
SECRETARY	JOAN O LENAHA	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
TREASURER	ALAN BAILEY	500 WEST MAIN ST	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: 11/03/2016 Title: VICE PRESIDENT				
Processed 11/03/2016		* Electronically provided signatures are accepted as original signatures.				