

No. C 162510		Due no later than Sep 30, 2018 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. HUMANA PHARMACY, INC. DAWN WILLIAMS P.O. BOX 740026 LOUISVILLE KY 40201-7426		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	JOSEPH C VENTURA	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
VICE PRESIDENT	HANK ROBINSON	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
PRESIDENT	LAEBED S DIAB	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
DIRECTOR	BRIAN A KANE	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
DIRECTOR	BRUCE D BROUSSARD	500 WEST MAIN STREET	LOUISVILLE	KY	USA	40202	
DIRECTOR	WILLIAM FLEMING	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: DE C 162510		6. Annual Report must be signed.* Signature: HANK ROBINSON Name (type or print): HANK ROBINSON Date: 08/17/2018 Title: SENIOR VICE PRESIDENT					
Processed 08/17/2018		* Electronically provided signatures are accepted as original signatures.					