

L13000113664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

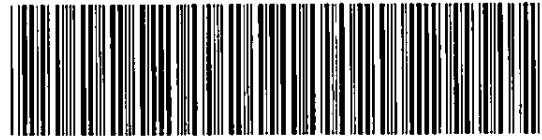
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ALBANY, NEW YORK

2025 JAN 10 AM 9:15
STATE OF NEW YORK
DEPARTMENT OF TAXATION AND FINANCE
ALBANY, NEW YORK

MEDSTAR HOME HEALTH, LLC

\$1.055 - 12/16/2021 Wolters Kluwer Online

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CFO	Susan Marie Diamond	500 West Main Street	☐ Add
		Louisville, KY 40202	☒ Remove
			☐ Change
MGR	Robert M. Marcoux Jr.	500 West Main Street	☒ Add
		Louisville, KY 40202	☐ Remove
			☐ Change
Vice President, CFO, Home Solutions	Jaclyn M. Murphree	500 West Main Street	☒ Add
		Louisville, KY 40202	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 10th, 2025

Stephen L. Luthi

Signature of a member or authorized representative of a member

Stephen Rullis

Attorney in Fact

Typed or printed name of signee

Filing Fee: \$25.00

Power of Attorney

NOTICE IS HEREBY GIVEN THAT Humana Inc. (the "Company"), a Corporation incorporated under the laws of Delaware, does hereby appoint as attorneys-in-fact for the Company (the "Appointees") those individuals who are officers and/or employees of C T Corporation System ("CT") or its agents, (but only for so long as such individuals remain officers and/or employees of CT or an affiliate thereof), to act for the Corporation and affiliates and subsidiaries of the Company (including those attached hereto as Exhibit A), specifically incorporated herein by reference ("the Subsidiaries"), in the Corporation and Subsidiaries' names for the limited purposes authorized herein.

The Company and Subsidiaries, having taken all necessary steps to authorize the changes, hereby grants its attorneys-in-fact the power to execute the documents necessary to file annual reports, annual registrations, license renewals, assumed name filings/renewals, reinstatements, change entities' registered agent and registered office, amend (add, update or remove, as necessary) officers, directors and/or members, and forms of similar import on behalf of the Company and Subsidiaries in any state, the District of Columbia, US Territories and Canada.

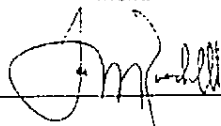
In the execution of any documents necessary for the sole, limited purpose, set forth herein, the Appointees shall be permitted, as applicable, to exercise the power of Vice President, Secretary, Manager, and/or Member.

This Power of Attorney expires when revoked by the Company or Subsidiaries.

IN WITNESS WHEREOF the undersigned have executed this Power of Attorney on the 20th day of December 2024.

Date Month Year

Signature



Name, Title Joseph M. Ruschell, Vice President, Associate General Counsel & Corporate Secretary

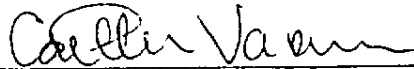
Sworn to and subscribed before me this 30th day of December 2024

Date

Month

Year

Signature of Notary



Notary Public, State of

State

Kentucky

Commission Expires:

04/13/2027

M/D/YYYY

(Seal)

