

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000242

Entity Name: HUMANA HEALTHCARE RESEARCH, INC.**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**PO BOX 740026
LOUISVILLE, KY 40201-7426**FEI Number: 42-1575099****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN J
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD, BRUCE
Address 500 WEST MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name HOLT, M.D., WORTHE S
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
ACCOUNTING OFFICER
AND CONTROLLER
Name ZIPPERLE, CYNTHIA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, TAX
Name ROBINSON, D HANK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, CFO
Name KANE, BRIAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, INVESTMENTS
Name PRESTON, W MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, DEPUTY
GENERAL COUNSEL & CORPORATE
SECRETARY
Name NEWMAN, C BROOKS
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: D. HANK ROBINSON**SENIOR VICE PRESIDENT 04/24/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR, CHIEF MEDICAL OFFICER
Name	SHRANK, M.D., WILLIAM H
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202