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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **818664** **(5)**

1. Corporation Name
HUMANA INSURANCE COMPANY

Principal Place of Business
500 WEST MAIN STREET
P.O. BOX 740026 ATTN: TAX DEPT.
LOU KY 40201-4426
US

Mailing Address
500 WEST MAIN STREET
P.O. BOX 740026 ATTN: TAX DEPT.
LOU KY 40201-7426
US

3. Date Incorporated or Qualified: **04/20/1965**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **43-0535350** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BUILDING
TALLAHASSEE FL FL

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SMITH, WAYNE T.	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	S	☐ DELETE
NAME	KROGER, JOAN O.	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	VD	☐ DELETE
NAME	BAUERNFEIND, GEORGE	
STREET ADDRESS	500 W. MAIN STREET	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	COD	☐ DELETE
NAME	DRURY, W. R	
STREET ADDRESS	500 WEST MAIN ST	
CITY-ST-ZIP	LOUISVILLE FL	
TITLE	SVPD	☐ DELETE
NAME	CASH, W L	
STREET ADDRESS	500 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE FL	
TITLE	SVPD	☐ DELETE
NAME	COUGHLIN, KAREN A	
STREET ADDRESS	500 W MAIN ST	
CITY-ST-ZIP	LOUISVILLE KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	WOLF, GREGORY H.	
1.3 STREET ADDRESS	500 W MAIN	
1.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP D	☒ Change ☐ Addition
4.2 NAME	MURRAY, JAMES E.	
4.3 STREET ADDRESS	500 W MAIN	
4.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
5.1 TITLE	SrVP D	☒ Change ☐ Addition
5.2 NAME	McCALLISTER, MICHAEL B.	
5.3 STREET ADDRESS	500 W MAIN	
5.4 CITY-ST-ZIP	LOUISVILLE KY 40201-1438	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Bauernfeind **GEORGE BAUERNFEIND, VICE PRESIDENT-TAXES** 4/30/97 **(502)580-1000**

CR2E034 (9/96)