

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90095 001 \*\*\*150.00

DOCUMENT # 818664

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 40201-4426  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1965

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WOLF, GREGORY  
STREET ADDRESS 500 W. MAIN STREET  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE S  
NAME LENAHER, JOAN O.  
STREET ADDRESS 500 W. MAIN STREET  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE VD  
NAME BAUERNFEIND, GEORGE  
STREET ADDRESS 500 W. MAIN STREET  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

TITLE VPD  
NAME MURRAY, JAMES E  
STREET ADDRESS 500 WEST MAIN ST  
CITY-ST-ZIP LOUISVILLE FL ☐ DELETE

TITLE SVPD  
NAME MCALLISTER, MICHAEL B  
STREET ADDRESS 500 W MAIN ST  
CITY-ST-ZIP LOUISVILLE FL ☐ DELETE

TITLE SVPD  
NAME COUGHLIN, KAREN A  
STREET ADDRESS 500 W MAIN ST  
CITY-ST-ZIP LOUISVILLE KY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME V.P.T.  
6.3 STREET ADDRESS DOUCETTE, JAMES  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

CR2E034 (1/98)