
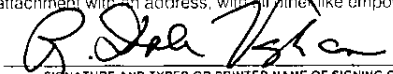


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90034 022 ***150.00

DOCUMENT # F00000002819					
1. Entity Name KANAWHA HEALTHCARE SOLUTIONS, INC.					
Principal Place of Business 4363 NORTH OCOEE ST STE 1 CLEVELAND, TN 37312			Mailing Address ADMINISTRATIVE ADDRESS 210 SOUTH WHITE ST LANCASTER, SC 29720		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 62-1245230	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	2VO	<input checked="" type="checkbox"/> Delete	TITLE	Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RHEA, MAY S		NAME	Michael B. McCallister	
STREET ADDRESS	210 SOUTH WHITE STREET		STREET ADDRESS	500 West Main Street	
CITY- ST- ZIP	LANCASTER, SC 29720		CITY- ST- ZIP	Louisville, KY 40202	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CEO President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, R. DALE		NAME		
STREET ADDRESS	210 SOUTH WHITE STREET		STREET ADDRESS		
CITY- ST- ZIP	LANCASTER, SC 297210610		CITY- ST- ZIP		
TITLE	Vice President	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, ROBERT E		NAME		
STREET ADDRESS	210 SOUTH WHITE STREET		STREET ADDRESS		
CITY- ST- ZIP	LANCASTER, SC 297210610		CITY- ST- ZIP		
TITLE	COB	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, STANLEY		NAME	Kenneth U. Kuk	
STREET ADDRESS	210 SOUTH WHITE STREET		STREET ADDRESS	12600 Whitewater Drive	
CITY- ST- ZIP	LANCASTER, SC		CITY- ST- ZIP	Minnetonka, MN 55343	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Senior Vice President, CFO & Treasure	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, FRANCES S		NAME	James H. Bloem	
STREET ADDRESS	210 SOUTH WHITE STREET		STREET ADDRESS	500 West Main Street	
CITY- ST- ZIP	LANCASTER, SC 29720		CITY- ST- ZIP	Louisville, KY 40202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			1-31-08 800-635-4252		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT
40020955
#F00000002819
Kanawha HealthCare Solutions, Inc.

Officers

Michael B. McCallister Chairman	500 West Main Street Louisville, KY 40202
Kenneth U. Kuk CEO	12600 Whitewater Drv. Minnetonka, MN 55343
R. Dale Vaughan President	210 South White Street Lancaster, SC 29720
James H. Bloem Senior Vice President, CFO & Treasurer	500 West Main Street Louisville, KY 40202
Larry D. Savage Regional CEO-IN/KY/MO/OH/TN	655 Eden Park Drv. Cincinnati, OH 45202
Thomas J. Liston Senior Vice President	500 West Main Street Louisville, KY 40202
Steven O. Moya Senior Vice President	500 West Main Street Louisville, KY 40202
George G. Bauernfeind Vice President	500 West Main Street Louisville, KY 40202
J. Gregory Catron Vice President	500 West Main Street Louisville, KY 40202
Gerald L. Ganoni Vice President	1100 Employers Blvd. Green Bay, WI 54344
Paul F. Kraemer Market Vice President, Sales	12600 Whitewater Drv. Minnetonka, MN 55343
Paul P. Moore Market Vice President, Sales	12600 Whitewater Drv. Minnetonka, MN 55343
Mark M. Matzke Vice President	500 West Main Street Louisville, KY 40202
Kathleen Pellegrino Vice President & Assistant Secretary	500 West Main Street Louisville, KY 40202
William J. Tait Vice President	500 West Main Street Louisville, KY 40202
Gary D. Thompson Vice President	500 West Main Street Louisville, KY 40202

ATTACHMENT

40020955
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Ralph M. Wilson
Vice President

500 West Main Street
Louisville, KY 40202

Frank M. Amrine
Appointed Actuary

500 West Main Street
Louisville, KY 40202

Joan O. Lenahan
Vice President & Secretary

500 West Main Street
Louisville, KY 40202

Robert E. Matthews
Vice President-Finance

210 South White Street
Lancaster, SC 29720

Debbie R. Paskoff
Vice President-Finance

210 South White Street
Lancaster, SC 29720

Peter V. Susi, Jr.
Actuary

210 South White Street
Lancaster, SC 29720

Directors

Michael B. McCallister

James H. Bloem

James E. Murray