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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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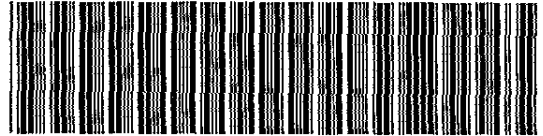
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CB 4/2-06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 973055 4352697

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 70.00

ORDER DATE : April 7, 2006

ORDER TIME : 10:07 AM

ORDER NO. : 973055-010

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: HUMANA HEALTH PLAN, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse -- EXT# 2954

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Humana Health Plan, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 61-1013183

(FEI number, if applicable)

4. August 23, 1982

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 West Main Street, Louisville, KY 40202

(Principal office address)

500 West Main Street, Louisville, KY 40202

(Current mailing address)

To operate health maintenance organizations and related activities and to transact any
and all lawful business for which Corporations may be incorporated including acting as

8. Third Party Administrators.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,
and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Margaret A. Pike, Asst Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to
the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction
under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

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A. DIRECTORS

Chairman: See Attached List

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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PALM BEACH, FLORIDA

B. OFFICERS

President: See Attached List

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joan O. Lenahan
(Signature of Director or Officer listed in number 12 of the application)

14. Joan O. Lenahan, Secretary
(Typed or printed name and capacity of person signing application)

Directors / Officers Report

Humana Health Plan, Inc.

Directors

Michael B. McCallister

Primary Address: 500 West Main Street
Louisville, KY 40202

Jonathan T. Lord M.D.

Primary Address: 500 West Main Street
Louisville, KY 40202

James E. Murray

Primary Address: 500 West Main Street
Louisville, KY 40202

Officers

Michael B. McCallister

President and Chief Executive Officer

Primary Address: 500 West Main Street
Louisville, KY 40202

Hassan S. Rifaat

Regional Chief Executive Officer - Chicago

Primary Address: 30 S. Wacker Street
Chicago, Illinois 60606

Larry D. Savage

Regional Chief Executive Officer - IN/KY/MO/OH/TN

Primary Address: 655 Eden Park Drive, 1 North
Cincinnati, OH 45202

Leslie H. Andrews

Market President - Colorado

Primary Address: 8400 E. Prentice Avenue #1400
Englewood, Colorado 80111

Jeffrey B. Bringardner

Market President - Kentucky

Primary Address: 201 West Main Street
Louisville, Kentucky 40202

*** Roger K. Diemert**

Market President - Senior Products/Central

Primary Address: 7311 W. 132nd Street, Suite 200
Overland Park, Kansas 66213-1157

Is retiring at the end of April, 2006.

Robert T. Hitchcock

Regional President - Senior Products/North

Primary Address: 30 S. Wacker Drive, Suite 1900
Chicago, IL 60606

C. Evans Looney

Market President - Memphis

Primary Address: 6075 Poplar Avenue, Suite 221
Memphis, TN 38119

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Directors / Officers Report

Humana Health Plan, Inc.

Veronica L. Martin	Market President - Indianapolis
Primary Address:	8888 Keystone Crossing Boulevard Indianapolis, Indiana 46240
Debra A. Smith	Regional President - Senior Products/West
Primary Address:	20860 N. Tatum Boulevard Phoenix, AZ 85050
T. Alan Wheatley	Market President - Senior Products/East
Primary Address:	500 West Main Street Louisville, Kentucky 40202
James H. Bloem	Senior Vice President, Chief Financial Officer & Treasurer
Primary Address:	500 West Main Street Louisville, KY 40202
Thomas J. Liston	Senior Vice President
Primary Address:	500 West Main Street Louisville, KY 40202
Jonathan T. Lord M.D.	Senior Vice President
Primary Address:	500 West Main Street Louisville, KY 40202
Heidi S. Margulis	Senior Vice President
Primary Address:	500 West Main Street Louisville, KY 40202
Steven O. Moya	Senior Vice President
Primary Address:	500 West Main Street Louisville, KY 40202
George G. Bauernfeind	Vice President
Primary Address:	500 West Main Street Louisville, KY 40202
John M. Bertko	Vice President (Chief Actuary)
Primary Address:	500 West Main Street Louisville, KY 40202
Stefen F. Brueckner	Vice President - Senior Products
Primary Address:	500 West Main Street Louisville, KY 40202

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Directors / Officers Report

Humana Health Plan, Inc.

J. Gregory Catron	Vice President
Primary Address:	500 West Main Street Louisville, Kentucky 40202
James L. Horrar	Vice President
Primary Address:	201 West Main Street Louisville, KY 40202
Mark E. Kiffer D.O.	Market Vice President/CMO - Senior Products/Phoenix
Primary Address:	20860 N. Tatum Boulevard Phoenix, AZ 85050
Edward J. Leary M.D.	Market Vice President/CMO - Senior Products/Chicago
Primary Address:	30 S. Wacker Drive, Suite 3100 Chicago, IL 60606
Kathleen Pellegrino	Vice President and Assistant Secretary
Primary Address:	500 West Main Street Louisville, KY 40202
William J. Tait	Vice President
Primary Address:	500 West Main Street Louisville, KY 40202
Gary D. Thompson	Vice President
Primary Address:	500 West Main Street Louisville, KY 40202
Ralph M. Wilson	Vice President
Primary Address:	500 West Main Street Louisville, Kentucky 40202
Frank M. Amrine	Appointed Actuary
Primary Address:	500 W. Main Street Louisville, KY 40202
Joan O. Lenahan	Secretary
Primary Address:	500 West Main Street Louisville, KY 40202

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Commonwealth of Kentucky
Trey Grayson
Secretary of State

Certificate of Existence

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TALLAHASSEE, FLORIDA

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HUMANA HEALTH PLAN, INC.

is a corporation duly incorporated and existing under KRS Chapter 271B, whose date of incorporation is August 23, 1982 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7th day of April, 2006.

Certificate Number: 29258

Jurisdiction: KY

Visit <http://apps.sos.ky.gov/business/obdb/certvalidate.aspx> to validate the authenticity of this certificate.



Trey

Trey Grayson
Secretary of State
Commonwealth of Kentucky
29258/0179546