

# File 000002380

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**HUMANA PHARMACY SOLUTIONS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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J. Shivers JUN 08 2011

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: HUMANA PHARMACY SOLUTIONS, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JENNIFER WEBB

Name of Person

HUMANA INC.

Firm/Company

500 WEST MAIN STREET, 21ST FLOOR

Address

LOUISVILLE, KY 40202

City/State and Zip code

JWEBB@HUMANA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNIFER WEBB

at ( 502 ) 580-3777

Name of Person

Area Code & Daytime Telephone Number

## STREET/COURIER ADDRESS:

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## MAILING ADDRESS:

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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**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 PHARMACY SOLUTIONS, 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. KY**

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

**3.**

(FEI number, if applicable)

**4. 5/10/11**

(Date of incorporation)

**5. PERPETUAL**

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

**6.**

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

**7. 500 WEST MAIN STREET, 21ST FLOOR, LOUISVILLE, KY 40202**

(Principal office address)

SAME AS ABOVE

(Current mailing address)

**8. THIRD PARTY ADMINISTRATOR AND PHARMACY BENEFITS MANAGER AND PERFORM RELATED SERV**

(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: 

(Registered agent's signature) Sheryl A. Gibbs, Asst. VP

**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.**

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

**A. DIRECTORS**

Chairman: See Attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See Attached

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

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Joan O. Lenahan, VP & Corp. Secretary

(Typed or printed name and capacity of person signing application)

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**Directors / Officers Report****Humana Pharmacy Solutions, Inc.****Directors****Michael B. McCallister**

Primary Address: 500 West Main Street  
Louisville, KY 40202

**James H. Bloem**

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****Chief Executive Officer**

Primary Address: 500 West Main Street  
Louisville, KY 40202

**William K. Fleming****President**

Primary Address: 500 West Main Street  
Louisville, KY 40202

**James H. Bloem****Senior Vice President, Chief Financial Officer & Treasurer**

Primary Address: 500 West Main Street  
Louisville, KY 40202

**George G. Bauernfeind****Vice President**

Primary Address: 500 West Main Street  
Louisville, KY 40202

**J. Gregory Catron****Vice President**

Primary Address: 500 West Main Street  
Louisville, KY 40202

**Roy Goldman Ph.D****Vice President and Chief Actuary**

Primary Address: 500 West Main Street  
Louisville, KY 40202

**Charles F. Lambert III****Vice President**

Primary Address: 500 West Main Street  
Louisville, KY 40202

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TALLAHASSEE, FLORIDA

## **Directors / Officers Report**

### **Humana Pharmacy Solutions, Inc.**

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**Joan O. Lenahan**

Primary Address:

**Vice President and Corporate Secretary**

500 West Main Street  
Louisville, KY 40202

**Ralph M. Wilson**

Primary Address:

**Vice President**

500 West Main Street  
Louisville, KY 40202

**Joseph C. Ventura**

Primary Address:

**Assistant Secretary**

500 West Main Street  
Louisville, KY 40202

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TALLAHASSEE, FLORIDA

Commonwealth of Kentucky  
Elaine N. Walker, Secretary of State

Elaine N. Walker  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 113736

Visit <https://app.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

I, Elaine N. Walker, 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 PHARMACY SOLUTIONS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is May 10, 2011 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 14A.6-010 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 18<sup>th</sup> day of May, 2011, in the 219<sup>th</sup> year of the Commonwealth.



*Elaine N. Walker*

Elaine N. Walker  
Secretary of State  
Commonwealth of Kentucky  
113736/0791280

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