

F21000003770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

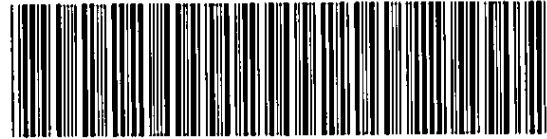
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -1 PM 3:50



TALLAHASSEE, FL

Handwritten signature

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 884506 4352697

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : June 29, 2021

ORDER TIME : 2:48 PM

ORDER NO. : 884506-010

CUSTOMER NO: 4352697

FOREIGN FILINGS

NAME: HUMANA BENEFIT PLAN OF SOUTH
CAROLINA, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUMANA BENEFIT PLAN OF SOUTH CAROLINA, 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 G. Webb

Name of Person

Humana Inc.

Firm/Company

500 West Main Street, Law Department

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 G. Webb

at (502) 594-9880

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

**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 BENEFIT PLAN OF SOUTH CAROLINA, 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. South Carolina 3. 84-3226630
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/27/2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 6/28/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 240 Harbison Boulevard, Columbia, South Carolina 29212
(Principal office street address)
- 500 West Main Street, c/o Corporate Secretary, Louisville, KY 40202
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(City) (Zip code)

9. 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.

Auffis Weiland, assistant vice president
(Registered agent's signature)

10. 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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2021 JUL -1 PM 2:58
CLERK OF STATE
TALLAHASSEE, FL

A. DIRECTORS

☐ Chairman Name: See Attached List

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

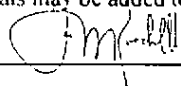
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

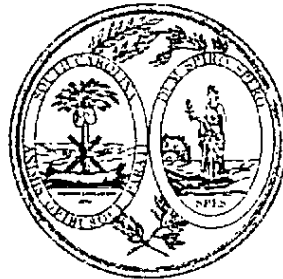
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals ~~may be added~~ to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Joseph M. Ruschell, Associate VP, Assistant General Counsel & Corporate Secretary
(Typed or printed name and capacity of person signing application)

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Humana Benefit Plan of South Carolina, Inc., a corporation duly organized under the laws of the State of South Carolina on September 27th, 2019, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 8th day
of June, 2021.


Mark Hammond, Secretary of State

Directors/Officers Report

Humana Benefit Plan of South Carolina, Inc.
--

Bruce Dale Broussard

Director

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Joseph Matthew Ruschell

Director

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Timothy Alan Wheatley

Director

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Officers

Bruce Dale Broussard

President and Chief Executive Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Christopher Howal Hunter

Segment President, Group and Military Business

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Directors/Officers Report

Humana Benefit Plan of South Carolina, Inc.
--

Timothy Alan Wheatley

Segment President, Retail

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Natalia Aresu

Regional President

Primary Address

6741 Tiburon Circle
Boca Raton, Florida 33433

Matthew George Moore

Regional President

Primary Address

100 Mansell Court East, Suite 400
Roswell, Georgia 30076

John Edward Barger, III

Senior Vice President, Medicaid President

Primary Address

4030 Boy Scout Blvd, Suite 1000
MetWest One
Tampa, Florida 33607

Sean Joseph O'Reilly

Senior Vice President, Enterprise Compliance and Chief Compliance Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Directors/Officers Report

Humana Benefit Plan of South Carolina, Inc.
--

Vanessa Marie Olson

Senior Vice President, Chief Actuary

Primary Address

500 West Main Street
Louisville, Kentucky 40202

George Renaudin, II

Senior Vice President, Medicare East & Provider

Primary Address

302 Seven Springs Way
Suite 200
Brentwood, Tennessee 37037

Donald Hank Robinson

Senior Vice President, Tax

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Susan Draney Schick

Senior Vice President, Employer Group

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Gilbert Alan Stewart

Senior Vice President, Medicare Divisional Leader

Primary Address

100 Mansell Court E., Suite 400
Roswell, Georgia 30076

Directors/Officers Report

Humana Benefit Plan of South Carolina, Inc.

Cynthia Hillebrand Zipperle

Senior Vice President, Chief Accounting Officer & Controller

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Susan Marie Diamond

Chief Financial Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Alan James Bailey

Vice President and Treasurer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

William Mark Preston

Vice President, Investments

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Joseph Matthew Ruschell

Associate Vice President, Assistant General Counsel & Corporate Secretary

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Ralph Martin Wilson

Vice President

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Directors/Officers Report

Humana Benefit Plan of South Carolina, Inc.
--

Andrew Joseph Besendorf, III

Appointed Actuary

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Courtney Danielle Durall

Assistant Corporate Secretary and Legal Advisor

Primary Address

500 West Main Street
Louisville, Kentucky 40202