

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001490514
-05/17/95--01040--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **F93000002753 (2)**

1. Corporation Name

HUMANA MILITARY HEALTHCARE SERVICES, INC.

Principal Place of Business

P.O. BOX 74026
LOUISVILLE KY 40201-7426

Mailing Address

P.O. BOX 74026
LOUISVILLE KY 40201-7426

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

06/15/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

61-1241225

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code
FL

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 transferring

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, WAYNE T
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	AS
NAME	CURLEE, DARLENE A
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	T
NAME	DOUCETTE, JAMES W
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	D
NAME	GARMON, PHILIP B
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	D
NAME	CASH, W. LARRY
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202
TITLE	D
NAME	COUGHLIN, KAREN A
STREET ADDRESS	500 WEST MAIN STREET
CITY - ST - ZIP	LOUISVILLE KY 40202

SEE SCHEDULE
ATTACHED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	JOAN O. KROGER
2.4 CITY - ST - ZIP	500 W MAIN ST LOUISVILLE KY
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VT
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VD
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V
6.3 STREET ADDRESS	GEORGE BAUERFEIND
6.4 CITY - ST - ZIP	

A/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

George Bauerfeind
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR

GEORGE BAUERFEIND
VP-TAY

APR 27 1995

(502) 510-1000

December 30, 1994

**OFFICERS AND DIRECTORS
OF
HUMANA MILITARY HEALTHCARE SERVICE, INC.**

(2)

Wayne T. Smith

Director

The Humana Building
500 West Main Street
P.O. Box 1438
Louisville, KY 40201-1438

Robert E. Shields

President and Chief
Executive Officer

Robert J. Bushar

Chief Operating Officer-
CHAMPUS Activities

W. Roger Drury

Chief Financial Officer

*W. Larry Cash

Senior Vice President

*Karen A. Coughlin

Senior Vice President

*Phillip B. Gannon

Senior Vice President

Ronald S. Lanford, M.D.

Senior Vice President

George G. Baumgardner

Vice President

Douglas R. Carlisle

Vice President

James W. Doucette

Vice President and Treasurer

Jerry L. McClellan

Vice President

The Waterside Building
101 East Main Street
Louisville, Ky 40202

Sheri E. Mitchell

Vice President

The Humana Building
500 West Main Street
P.O. Box 1438
Louisville, KY 40201-1438

James E. Murray

Vice President and Controller

Walter E. Neely

Vice President, Associate General Counsel
and Assistant Secretary

Bruce D. Perkins

Vice President

Thomas D. Stroud

Vice President

David W. Wille

Vice President and Chief Actuary

Joan O. Kroger

Secretary

Kathleen Pellegrino

Assistant Secretary

Directors
(Delaware Domestic)