

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90352 040 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000002753			
1. Entity Name HUMANA MILITARY HEALTHCARE SERVICES, INC.			
Principal Place of Business P.O. BOX 740026 LOUISVILLE KY 40201-7426		Mailing Address P.O. BOX 740026 LOUISVILLE KY 40201-7426	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	PCEO	<input type="checkbox"/> Delete	
NAME	BAKER, DAVID J		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40202		
TITLE	S	<input type="checkbox"/> Delete	
NAME	LENAHAN, JOAN O.		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40202		
TITLE	D	<input type="checkbox"/> Delete	
NAME	MCCALLISTER, MICHAEL B		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40202		
TITLE	D	<input type="checkbox"/> Delete	
NAME	MURRAY, JAMES E		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY		
TITLE	VPT	<input type="checkbox"/> Delete	
NAME	MCINTYRE, BRETT J		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	BAUERNFEIND, GEORGE G		
STREET ADDRESS	500 WEST MAIN STREET		
CITY-ST-ZIP	LOUISVILLE KY 40202		
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>George Bauernfeind</u> 4/5/02 502.580.1800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/01)