FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700001490507
-05/17/95--01040--017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **F93000003442 (1)**

1. Corporation Name
MEDBENEFIXX, INC.

Principal Place of Business	Mailing Address
500 WEST MAIN STREET LOUISVILLE KY	PO BOX 740026 ATTN: TAX DEPT. LOUISVILLE KY 40201-7426 US

3. Date Incorporated or Qualified: **07/28/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **61-1243212** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, WAYNE T	12 NAME		
STREET ADDRESS	500 WEST MAIN STREET	13 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	14 CITY-ST-ZIP		
TITLE	CFO	21 TITLE		☐ Change ☐ Addition
NAME	DRURY, W. ROGER	22 NAME		
STREET ADDRESS	500 WEST MAIN STREET	23 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	CASH, W. LARRY	32 NAME		
STREET ADDRESS	500 WEST MAIN STREET	33 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	SEE SCHEDULE ATTACHED	☐ Change ☐ Addition
NAME	COUGHLIN, KAREN A	42 NAME		
STREET ADDRESS	500 WEST MAIN STREET	43 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	44 CITY-ST-ZIP		
TITLE	VD	51 TITLE	V	☑ Change ☐ Addition
NAME	GARMON, PHILIP B	52 NAME	GEORGE BAUERNFEIND	
STREET ADDRESS	500 WEST MAIN STREET	53 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	LANKFORD, RONALD S MD	62 NAME		
STREET ADDRESS	500 WEST MAIN STREET	63 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40201-1438	64 CITY-ST-ZIP		

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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Bauernfeind GEORGE BAUERNFEIND, VP-TAX APR 27 1995 (502) 580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0384849 CP

December 20, 1994

OFFICERS AND DIRECTORS OF MEDIMETRIX, INC.

(2)

*Wayne T. Smith	President and Chief Operating Officer	The Humana Building 500 West Main Street P.O. Box 1438 Louisville, KY 40201-1438
W. Roger Drury	Chief Financial Officer	*
*W. Larry Cash	Senior Vice President	*
*Karen A. Coughlin	Senior Vice President	*
*Philip B. Garmon	Senior Vice President	*
Ronald S. Lankford, M.D.	Senior Vice President	*
George G. Rosenfeind	Vice President	*
Douglas R. Carlisle	Vice President	*
James W. Ducoette	Vice President and Treasurer	*
Jerry L. McClellan	Vice President	Humana Waterside Building 101 E. 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. Strood	Vice President	*
David W. Wills	Vice President and Chief Actuary	*
Joan O. Kroger	Secretary	*
Kathleen Pellegrino	Assistant Secretary	*

*Directors
(Delaware Domestic)