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 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G74397 (2)

1. Corporation Name
HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
500 WEST MAIN P.O. BOX 740026 ATTN: TAX DEPT. LOUISVILLE KY 40201-4426	500 WEST MAIN P.O. BOX 740026 ATTN: TAX DEPT. LOUISVILLE KY 40201-4426

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1983
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) County (25)
Zip (29) County (30)

4. FEI Number: 61-1041514 ☐ 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

THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

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	HENDRICK, DAVID T.	12 NAME	300001470349	
STREET ADDRESS	6600 SOUTHPOINT PKWY	13 STREET ADDRESS	-05/02/95--01020--025	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	****200.00	****200.00
TITLE	VD	21 TITLE	☐ Change	☐ Addition
NAME	SMITH, WAYNE	22 NAME		
STREET ADDRESS	500 W. MAIN STREET	23 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	24 CITY ST ZIP		
TITLE	V	31 TITLE	S	☑ Change ☐ Addition
NAME	MORSE, JOHN	32 NAME	JOAN O. KROGER	
STREET ADDRESS	500 W. MAIN STREET	33 STREET ADDRESS	500 W MAIN ST	
CITY ST ZIP	LOUISVILLE KY	34 CITY ST ZIP	LOUISVILLE KY	
TITLE	V	41 TITLE	☐ Change	☐ Addition
NAME	BAUERNFEIND, GEORGE	42 NAME		
STREET ADDRESS	500 W. MAIN STREET	43 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	44 CITY ST ZIP		
TITLE	VD	51 TITLE	☐ Change	☐ Addition
NAME	CASH, W. LARRY	52 NAME		
STREET ADDRESS	500 W. MAIN STREET	53 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY	54 CITY ST ZIP		
TITLE	VP	61 TITLE	☐ Change	☐ Addition
NAME	BERDING, RONALD J	62 NAME		
STREET ADDRESS	3400 LAKESIDE DR	63 STREET ADDRESS		
CITY ST ZIP	MIRAMAR FL	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) (Daytime Phone #)

0004444 CP