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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **G74397** **(2)**

1. Corporation Name

**HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.**

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

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

3. Date Incorporated or Qualified: **12/19/1983**

3a. Date of Last Report: **05/01/1995**

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 required from registered agent if the registered agent is changed.

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HENDRICK, DAVID T. | | 1.2 NAME | | |
| STREET ADDRESS | 6600 SOUTHPOINT PKWY | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SMITH, WAYNE | | 2.2 NAME | | |
| STREET ADDRESS | 500 W. MAIN STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | | 2.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KROGER, JOAN O. | | 3.2 NAME | | |
| STREET ADDRESS | 500 W. MAIN STREET | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | | 3.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BAUERNFEIND, GEORGE | | 4.2 NAME | | |
| STREET ADDRESS | 500 W. MAIN STREET | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | | 4.4 CITY-ST-ZIP | 100001817631<br>-05/13/96--01014--003<br>***200.00 | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CASH, W. LARRY | | 5.2 NAME | | |
| STREET ADDRESS | 500 W. MAIN STREET | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | | 5.4 CITY-ST-ZIP | | |
| TITLE | VP | ☐ DELETE | 6.1 TITLE | VD | ☑ Change ☐ Addition |
| NAME | BERDING, RONALD J | | 6.2 NAME | | |
| STREET ADDRESS | 3400 LAKESIDE DR | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIRAMAR FL | | 6.4 CITY-ST-ZIP | | |

ASB 5-1-96

CR2E034 (12/95)

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 VP-Taxes APR 29 1996 (502) 580-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #