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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 **500 WEST MAIN**
P.O. BOX 740026 ATTN: TAX DEPT. **P.O. BOX 740026 ATTN: TAX DEPT.**
LOUISVILLE KY 40201-4426 **LOUISVILLE KY 40201-7426**

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

3. Date Incorporated or Qualified 3a. Date of Last Report
12/19/1983 **05/01/1996**
4. FEI Number Applied For
61-1041514 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution 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

Signature, typed or printed name of registered agent (and title, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HENDRICK, DAVID T.
STREET ADDRESS 8600 SOUTHPPOINT PKWY
CITY-ST-ZIP JACKSONVILLE FL
[] DELETE
TITLE VD
NAME SMITH, WAYNE
STREET ADDRESS 500 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY
[] DELETE
TITLE S
NAME KROGER, JOAN O.
STREET ADDRESS 500 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY
[] DELETE
TITLE V
NAME BAUERNFEIND, GEORGE
STREET ADDRESS 500 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY
[] DELETE
TITLE VD
NAME CASH, W. LARRY
STREET ADDRESS 500 W. MAIN STREET
CITY-ST-ZIP LOUISVILLE KY
[] DELETE
TITLE VD
NAME BERDING, RONALD J
STREET ADDRESS 3400 LAKESIDE DR
CITY-ST-ZIP MIRAMAR FL
[] DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition
PD WOLF, GREGORY H.
500 W MAIN
LOUISVILLE KY 40201-1438
[X] Change [] Addition
SVP D COUGHLIN, KAREN A
500 W MAIN
LOUISVILLE KY 40201-1438
V [X] Change [] Addition

14. I do 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 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,
VICE PRESIDENT-TAXES

4/30/97

(502)580-1000

CR2E034 (9/96)