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FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 61-1041514	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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  
85 Zip Code  
FL

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	PD	2.1 TITLE	
NAME	WOLF, GREGORY	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	3.1 TITLE	
NAME	KROGER, JOAN O.	3.2 NAME	LENAHAN, JOAN
STREET ADDRESS	500 W. MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
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	
TITLE	SVPD	5.1 TITLE	
NAME	COUGHLIN, KAREN	5.2 NAME	
STREET ADDRESS	500 W. MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
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	

14. 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 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: *[Signature]* APR 30 1998

CR2E034 (10/97)