

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90094 048 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G74397

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
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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	27 Suite, Apt. #, etc.	30	4. FEI Number 61-1041514	Applied For <input type="checkbox"/> Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**THE INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICK, DAVID T.	1.2 NAME	
STREET ADDRESS	6600 SOUTHPPOINT PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENAHAN, 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	
TITLE	SVPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUGHLIN, KAREN	5.2 NAME	REEVES, JERRY
STREET ADDRESS	500 W. MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERDING, RONALD J	6.2 NAME	MURRAY, JAMES
STREET ADDRESS	3400 LAKESIDE DR	6.3 STREET ADDRESS	500 W MAIN
CITY-ST-ZIP	MIRAMAR FL	6.4 CITY-ST-ZIP	LOUISVILLE KY 40202

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, with all other like empowered.

SIGNATURE:

George Bauernfeind
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)