

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90008 036 \*\*\*150.00

**DOCUMENT #** G74397  
 1. Entity Name  
 HUMANA HEALTH INSURANCE COMPANY OF FL, INC.

Principal Place of Business Mailing Address  
 PO BOX 740026  
 LOUISVILLE KY 40201-7426

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

4. FEI Number : 61-1041514 Applied For Not Applicable  
 5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 THE INSURANCE COMMISSIONER  
 THE CAPITOL  
 TALLAHASSEE, FL 32301

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

| 9. MANAGING MEMBERS/MANAGERS                    |                                 |
|-------------------------------------------------|---------------------------------|
| TITLE NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete |
| VP<br>GEORGE G. BAUERNFEIND<br>SAME             | <input type="checkbox"/> Delete |
| SECRETARY<br>JOAN O. LENAHAN<br>SAME            | <input type="checkbox"/> Delete |
| CFO<br>JAMES E. MURRAY<br>SAME                  | <input type="checkbox"/> Delete |
| <input type="checkbox"/> Delete                 |                                 |
| <input type="checkbox"/> Delete                 |                                 |

| 10. ADDITIONS/CHANGES                                             |                                                                                                                                                                    |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   | PRESIDENT & CEO<br>MICHAEL B. McCALLISTER<br>500 W MAIN ST<br>LOUISVILLE, KY 40202<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                    |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                    |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                                                                    |
| VP & TREASURER<br>BRETT J. McINTYRE<br>SAME                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |
| SENIOR VP<br>KENNETH J. FASOLA<br>SAME                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                  |

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *George Bauernfeind* GEORGE G. BAUERNFEIND 4/28/00 (502) 580-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)