

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74397

FILED
Mar 18, 2009
Secretary of State

Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

New Principal Place of Business:

Current Mailing Address:

P O BOX 740026
LOUISVILLE, KY 402014426

New Mailing Address:

FEI Number: 61-1041514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: MCCALLISTER, MICHAEL B
Address: 500 W MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: VP () Delete
Name: BAUERNFEIND, GEORGE G
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: S () Delete
Name: LENAHA, JOAN O
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D () Delete
Name: MURRAY, JAMES E
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: TCFO () Delete
Name: BLOEM, JAMES E
Address: 500 W. MAIN STREET
City-St-Zip: LOUISVILLE, KY 40202

Title: D () Delete
Name: GOODMAN, BRUCE J
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE BAUERNFEIND

VP

03/18/2009

Electronic Signature of Signing Officer or Director

Date