2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2011
Secretary of State

DOCUMENT# G74397

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GEORGE BAUERNFEIND VP 04/26/2011

Electronic Signature of Signing Officer or Director — Date