

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G74397

FILED  
Apr 03, 2003  
Secretary of State

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

## Current Principal Place of Business:

P O BOX 740026  
LOUISVILLE, KY 402014426

## 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 323990000 US

## Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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: CORPORATION SERVICE COMPANY

04/03/2003

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: BAUERFEIND, 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: VPT ( ) Delete  
Name: MCINTYRE, BRETT J  
Address: 500 W. MAIN STREET  
City-St-Zip: LOUISVILLE, KY 40202

Title: D ( ) Delete  
Name: FASOLA, KENNETH 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: VP (X) Change ( ) Addition  
Name: BAUERFEIND, GEORGE G  
Address: 500 W. MAIN STREET  
City-St-Zip: LOUISVILLE, KY 40202

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 BAUERFEIND

VP

04/03/2003

Electronic Signature of Signing Officer or Director

Date