2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
05-14-2001 90219 018 ***150.00

U584806

DOCUMENT # J28248

1. Entity Name
HUMANA MEDICAL PLAN, INC.

Principal Place of Business	Mailing Address
500 W MAIN ST. P.O. BOX 740026 ATTN: TAX DEPT. LOUISVILLE KY 40201-8438	500 W MAIN ST. P.O. BOX 740026 ATTN: TAX DEPT. LOUISVILLE KY 40201-8438

DO NOT WRITE IN THIS SPACE

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 61-1103898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOLF, GREGORY H 500 W MAIN ST LOUISVILLE KY	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Kenneth J. Fasola 500 W. Main St. Louisville, KY 40202	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MURRAY, JAMES E 500 W MAIN ST LOUISVILLE KY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SRVD~~ MCCALLISTER, MICHAEL 500 WEST MAIN STREET LOUISVILLE KY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & CEO	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LENAHAN, JOAN O. 500 W MAIN ST LOUISVILLE KY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BAUERNFEIND, GEORGE 500 W MAIN ST. LOUISVILLE KY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DOUCETTE, JAMES 500 W MAIN ST LOUISVILLE KY	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT Brett J McIntyre 500 W. Main St. Louisville, KY 40202	☐ Change ☑ Addition

CR2E034 (10/00)

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George G. Bauernfeind 4/24/01 (502) 580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #