FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90468 011 ***150.00

DOCUMENT # J28248

1. Entity Name

Humana Medical Plan, Inc.

DO NOT WRITE IN THIS SPACE

B0068690

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
500 West Main Street	P.O. Box 740026
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Tax Dept
City & State: Louisville, KY 40202	City & State: Louisville, KY
Zip / Country	Zip: 40201-7426 / Country

4. FEI Number: 61-1103898 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee **FL** Zip Code: 32301

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) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & CEO Michael B. McCallister 500 West Main Street Louisville, KY 40202
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President George Bauernfeind Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP & Treasurer Brett McIntyre Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Joan Lenahan Same
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director James Murray Same
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: George Bauernfeind George Bauernfeind 4/5/02 502.580.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #