

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28248

FILED
Feb 25, 2008
Secretary of State

Entity Name: HUMANA MEDICAL PLAN, 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
ATTN: TAX DEPT
LOUISVILLE, KY 402017426

New Mailing Address:

FEI Number: 61-1103898 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 ST
City-St-Zip: LOUISVILLE, KY 40202

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

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

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

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

Title: D () Delete
Name: LORD, JONATHAN T MD
Address: 500 WEST MAIN STREET
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

02/25/2008

Electronic Signature of Signing Officer or Director

_____ Date