

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J28248

FILED
Apr 26, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: TCFO
Name: BLOEM, JAMES H
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