

M17000002097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

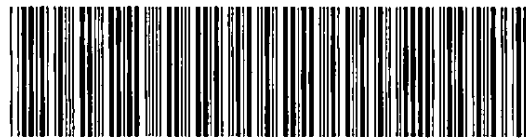
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUM Provider Holdings, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer G. Webb
Name of Person

Humana Inc.
Firm/Company

500 West Main Street, Law Department
Address

Louisville, KY 40202
City/State and Zip Code

dwilliams20@humana.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer G. Webb at (502) 580-3777
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: HUM Provider Holdings, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M17000002907

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 03/13/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "L.L.C.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**

_____, *City*

_____, *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

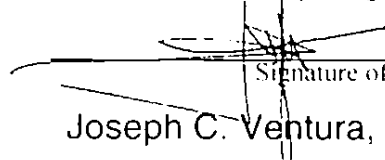
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

See attached Officer List-All To Be Added

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
Joseph C. Ventura, VP & Corporate Secretary

 Typed or printed name of signee

Filing Fee: \$25.00

Officers List

HUM Provider Holdings, LLC

Officers

Bruce Dale Broussard

President and Chief Executive Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Brian Andrew Kane

Senior Vice President and Chief Financial Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Brian Phillip LeClaire, PhD

Senior Vice President and Chief Information Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Alan James Bailey

Vice President and Treasurer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

DATE 17 JUL 12 AM 11:49

1. ED

Officers List

HUM Provider Holdings, LLC

Douglas Allen Edwards

Vice President

Primary Address

500 W. Main St.
Louisville, Kentucky 40202

William Mark Preston

Vice President-Investment Management

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Donald Hank Robinson

Vice President - Tax

Primary Address

500 West Main Street
Louisville, Kentucky 40202

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Officers List

HUM Provider Holdings, LLC

Ralph Martin Wilson

Vice President

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Cynthia Hillebrand Zipperle

Vice President and Chief Accounting Officer

Primary Address

500 West Main Street
Louisville, Kentucky 40202

Joseph Christopher Ventura

Vice President and Corporate Secretary

Primary Address

500 West Main Street
Louisville, Kentucky 40202
