

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15803

FILED
Apr 26, 2011
Secretary of State

Entity Name: HUMANA INSURANCE COMPANY

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 402017426 US

New Mailing Address:

FEI Number: 39-1263473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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: COO
Name: MURRAY, JAMES E
Address: 500 W. MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

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

Title: D
Name: GOODMAN, BRUCE D
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

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

Title: VP
Name: BAUERNFEIND, GEORGE
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