

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# G74397

Entity Name: HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.**Current Principal Place of Business:**3501 SW 160TH AVENUE
MIRAMAR, FL 33027**Current Mailing Address:**P O BOX 740026
ATTN: TAX DEPARTMENT
LOUISVILLE, KY 40201-7426 US**FEI Number:** 61-1041514**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US*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**Officer/Director Detail :**

Title	VICE PRESIDENT
Name	ROBINSON, HANK
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	SECRETARY
Name	LENAHAN, JOAN O
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	MURRAY, JAMES E
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	TREASURER
Name	BAILEY, ALAN
Address	500 W. MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR, PRESIDENT AND CEO
Name	BROUSSARD, BRUCE
Address	500 WEST MAIN ST
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	KANE, BRIAN A
Address	500 W MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	WHEATLEY, TIMOTHY ALAN
Address	500 W MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	BIERBOWER, ELIZABETH D
Address	500 W MAIN STREET
City-State-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: JOAN O. LENAHA**SECRETARY****08/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date