

2017 FLORIDA PROFIT CORPORATION 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 VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title DIRECTOR, PRESIDENT, GROUP
SEGMENT
Name BIERBOWER, ELIZABETH D
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CORPORATE
SECRETARY
Name LENAHA, JOAN O
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, PRESIDENT, RETAIL
SEGMENT
Name WHEATLEY, TIMOTHY ALAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SEGMENT VICE PRESIDENT AND
PRESIDENT, SMALL BUSINESS AND
LARGE GROUP
Name QUIRAM, TAMARA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Continues on page 2

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: HANK ROBINSON

VICE PRESIDENT

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	REGIONAL PRESIDENT - SENIOR PRODUCTS/CENTRAL FLORIDA
Name	GALLOWAY, DEBORAH
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	SENIOR VICE PRESIDENT AND CHIEF INFORMATION OFFICER
Name	LECLAIRE, BRIAN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	DIRECTOR, SENIOR VICE PRESIDENT, MEDICARE OPERATIONS
Name	MCCULLEY, STEVEN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT AND APPOINTED ACTUARY
Name	CANINE, JONATHAN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT AND CHIEF MEDICAL OFFICER
Name	FERNANDEZ, M.D., LOUIS
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT, GROUP SEGMENT LEADERSHIP
Name	MATZKE, MARK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT - INVESTMENT MANAGEMENT
Name	PRESTON, WILLIAM MARK
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	SEGMENT VICE PRESIDENT, MEDICARE EAST
Name	RENAUDIN, GEORGE
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT
Name	ZACHARIAS, TOD
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	ASSISTANT CORPORATE SECRETARY
Name	VENTURA, JOSEPH
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	REGIONAL PRESIDENT - SENIOR PRODUCTS/SOUTH FLORIDA
Name	VALVERDE, M.D., FERNANDO
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	SENIOR VICE PRESIDENT
Name	MARGULIS, HEIDI
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT
Name	ARNHOLD, STEPHEN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT AND CHIEF COMPLIANCE OFFICER
Name	CATRON, JOHN GREGORY
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT AND CHIEF ACTUARY
Name	KAN, KENNY
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT AND DIVISION LEADER - SOUTHEASTERN DIVISION
Name	MERIWETHER, KEVIN
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT - GROUP SEGMENT
Name	REMMERS, RICHARD
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT
Name	WILSON, RALPH
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	VICE PRESIDENT AND CHIEF ACCOUNTING OFFICER
Name	ZIPPERLE, CYNTHIA
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202
Title	PRESIDENT - HEALTHCARE SERVICES SEGMENT
Name	FLEMING, WILLIAM K
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

