

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74397

FILED
Apr 17, 2020
Secretary of State
2178894406CC

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

Title VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN J
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, AND CFO
Name KANE, BRIAN A
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SEGMENT PRESIDENT,
RETAIL
Name WHEATLEY, T ALAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SEGMENT PRESIDENT,
GROUP BUSINESS
Name HUNTER, CHRISTOPHER H
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title REGIONAL PRESIDENT
Name GALLOWAY, DEBORAH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SENIOR VICE
PRESIDENT, MEDICARE
Name MCCULLEY, STEVEN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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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: D HANK ROBINSON

SENIOR VICE PRESIDENT 04/17/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT, INVESTMENTS
Name PRESTON, W MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, MEDICARE EAST AND PROVIDER
Name RENAUDIN, GEORGE II
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING OFFICER & CONTROLLER
Name ZIPPERLE, CYNTHIA
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, ENTERPRISE COMPLIANCE AND CHIEF COMPLIANCE OFFICER
Name O'REILLY, SEAN J
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title APPOINTED ACTUARY
Name BESENDORF, ANDREW J. III
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR LEGAL PROFESSIONAL & ASSISTANT CORPORATE SECRETARY
Name DURALL, COURTNEY D.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title REGIONAL PRESIDENT
Name ASSAPIMONWAIT, BEATRIZ MARIA
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT - EMPLOYER GROUP SALES
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 SEGMENT PRESIDENT, CLINICAL AND PHARMACY SOLUTIONS
Name FLEMING, WILLIAM K
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF ACTUARY
Name OLSON, VANESSA M
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, MEDICARE DIVISIONAL LEADER
Name STEWART, G ALAN
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VICE PRESIDENT, ASSISTANT GENERAL COUNSEL AND CORPORATE SECRETARY
Name RUSCHELL, JOSEPH M.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202