

2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J28248

Entity Name: HUMANA MEDICAL PLAN, INC.

Current Principal Place of Business:

3501 SW 160TH AVENUE
MIRAMAR, FL 33027

Current Mailing Address:

P.O. BOX 740026
ATTN: TAX DEPT
LOUISVILLE, KY 40201-7426

FEI Number: 61-1103898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name MURRAY, JAMES E
Address 500 W MAIN ST
City-State-Zip: LOUISVILLE KY 40202

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

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

Title TREASURER
Name BAILEY, ALAN
Address 500 W. MAIN ST.
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

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. LENAHAN

SECRETARY

08/31/2015

Electronic Signature of Signing Officer/Director Detail

Date