2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M17000002097

Entity Name: HUM PROVIDER HOLDINGS, LLC

Current Principal Place of Business:

500 WEST MAIN ST. C/O CORPORATE SECRETARY LOUISVILLE, KY 40202

Current Mailing Address:

PO BOX 740026

LOUISVILLE, KY 40201-7426 US

FEI Number: 26-3592783 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail:

MANAGER, PRESIDENT AND CEO Title Title MANAGER AND CFO BROUSSARD, BRUCE D KANE, BRIAN A Name Name Address 500 WEST MAIN ST. Address 500 WEST MAIN ST. LOUISVILLE KY 40202 City-State-Zip: City-State-Zip: LOUISVILLE KY 40202

TitleMANAGERTitleCHIEF INFORMATION OFFICERNameWHEATLEY, T ALANNameLECLAIRE, BRIAN PHILLIP PHD

Address 500 WEST MAIN ST. Address 500 WEST MAIN ST.

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER Title VICE PRESIDENT, INVESTMENTS

Name BAILEY, ALAN J Name PRESTON, W MARK

Address 500 WEST MAIN ST. Address 500 WEST MAIN ST.

C/O CORPORATE SECRETARY

C/O CORPORATE SECRETARY

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT Title SENIOR VICE PRESIDENT, TAX Name WILSON, RALPH M Name ROBINSON, D HANK 500 WEST MAIN ST. Address 500 WEST MAIN ST. Address City-State-Zip: LOUISVILLE KY 40202 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: C. BROOKS NEWMAN

06/17/2019

FILED Jun 17, 2019

Secretary of State 4844681231CC

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

Title SENIOR VICE PRESIDENT, DEPUTY GENERAL

COUNSEL AND CORPORATE SECRETARY

Name NEWMAN, C BROOKS Address 500 WEST MAIN ST.

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT

Name EDWARDS, DOUGLAS A Address 500 WEST MAIN ST.

City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT GENERAL COUNSEL & ASSISTANT

CORPORATE SECRETARY

NameRUSCHELL, JOSEPH M.Address500 WEST MAIN STREETCity-State-Zip:LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF

ACCOUNTING OFFICER &

CONTROLLER

Name ZIPPERLE, CYNTHIA H
Address 500 WEST MAIN ST.
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