

2018 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 :

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

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

Title MANAGER
Name BEVERIDGE, M.D., ROY A
Address 500 WEST MAIN ST.
City-State-Zip: LOUISVILLE KY 40202

Title CHIEF INFORMATION OFFICER
Name LECLAIRE, BRIAN PHILLIP PHD
Address 500 WEST MAIN ST.
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, TREASURY
Name BAILEY, ALAN JAMES
Address 500 WEST MAIN ST.
C/O CORPORATE SECRETARY
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, INVESTMENTS
Name PRESTON, WILLAM M
Address 500 WEST MAIN ST.
C/O CORPORATE SECRETARY
City-State-Zip: LOUISVILLE KY 40202

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

Title VICE PRESIDENT
Name WILSON, RALPH M
Address 500 WEST MAIN ST.
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 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: JOSEPH C. VENTURA

SVP, ASSOCIATE GEN
COUNSEL & CORP.
SECRETARY

08/07/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title SENIOR VICE PRESIDENT, ASSOCIATE
GENERAL COUNSEL AND CORPORATE
SECRETARY
Name VENTURA, JOSEPH C
Address 500 WEST MAIN ST.
City-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 VICE PRESIDENT
Name EDWARDS, DOUGLAS A
Address 500 WEST MAIN ST.
City-State-Zip: LOUISVILLE KY 40202