2019 FOREIGN LIMITED LIABILITY COMPANY 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

FILED Apr 24, 2019

Secretary of State

0383758132CC

Authorized Person(s) Detail:

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

Title CHIEF INFORMATION OFFICER Title MANAGER Name LECLAIRE, BRIAN PHILLIP PHD Name WHEATLEY, T ALAN

Address 500 WEST MAIN ST. Address 500 WEST MAIN ST. City-State-Zip: LOUISVILLE KY 40202 LOUISVILLE KY 40202 City-State-Zip:

Title VICE PRESIDENT, INVESTMENTS Title VICE PRESIDENT AND TREASURER

Name PRESTON, W MARK BAILEY, ALAN J Name Address

Address 500 WEST MAIN ST. 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 LOUISVILLE KY 40202 City-State-Zip: 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: D. HANK ROBINSON

04/24/2019 SENIOR VICE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

SENIOR VICE PRESIDENT, DEPUTY GENERAL COUNSEL AND CORPORATE SECRETARY Title

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 SENIOR VICE PRESIDENT, CHIEF

ACCOUNTING OFFICER &

CONTROLLER

ZIPPERLE, CYNTHIA H Name

Address 500 WEST MAIN ST.

LOUISVILLE KY 40202 City-State-Zip: