

**2020 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

**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 WHEATLEY, T ALAN  
Address 500 WEST MAIN ST.  
City-State-Zip: LOUISVILLE KY 40202

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

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

Title SENIOR VICE PRESIDENT, TAX  
Name ROBINSON, D 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

Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING OFFICER & CONTROLLER  
Name ZIPPERLE, CYNTHIA H  
Address 500 WEST MAIN ST.  
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:** D HANK ROBINSON

**SENIOR VICE PRESIDENT 04/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VICE PRESIDENT  
Name EDWARDS, DOUGLAS A  
Address 500 WEST MAIN ST.  
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

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