

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002753

Entity Name: HUMANA GOVERNMENT BUSINESS, INC.**Current Principal Place of Business:**500 W MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 W MAIN STREET
LOUISVILLE, KY 40202 US**FEI Number:** 61-1241225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AUTHORIZED PERSON
Name FELTER, JOHN-PAUL WILLIAM
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title AUTHORIZED PERSON
Name ALDERSON, AMIEE RENEE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title AUTHORIZED PERSON
Name RUSSELL, MARK DAVID
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VP, TAX
Name FELD, DANIEL KEVIN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSOCIATE VICE PRESIDENT, CFO
Name MILLER, STEVEN A.
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, HUMANA GOVERNMENT
BUSINESS STRATEGY
Name PAYNTER, MATTHEW
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, MEDICARE
DIVISIONAL LEADER
Name STEWART, GILBERT ALAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MARCOUX, JR., ROBERT MARTIN
Address 500 W MAIN STREET
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 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: DANIEL KEVIN FELD**ASSOCIATE VP, TAX****04/04/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SENIOR VICE PRESIDENT, GROUP MEDICARE
Name TOBIN, JILL
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, INVESTMENTS
Name PRESTON, WILLIAM MARK
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name RUSCHELL, JOSEPH MATTHEW
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT & TREASURER
Name MARCOUX, JR., ROBERT MARTIN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, ENTERPRISE
ASSOCIATE & BUSINESS SOLUTIONS
Name EDWARDS, DOUGLAS ALLEN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MORAN, KAREN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL
AND CORPORATE SECRETARY
Name RUSCHELL, JOSEPH MATTHEW
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE
SECRETARY AND DIRECTOR, ESG
STRATEGY
Name DURALL, COURTNEY DANIELLE
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name MORAN, KAREN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, TRICARE PROGRAM LEADER
Name KENNEDY, JOSEPH C.
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202