

**2014 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:**P.O. BOX 740026  
LOUISVILLE, KY 40201-7426**FEI Number:** 61-1241225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 CEO  
Name MCCLAIN, TIM S  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title D  
Name MURRAY, JAMES E  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY

Title VP  
Name BAUERNFEIND, GEORGE G  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title S  
Name LENAHAN, JOAN O  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title INTERIM CFO  
Name MCCULLEY, STEVEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY

Title DIRECTOR  
Name BROUSSARD, BRUCE  
Address 500 WEST MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name MCCLAIN, TIM  
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:** GEORGE BAUERNFEIND

VICE PRESIDENT

03/06/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	VICE PRESIDENT
Name	MULLEN, ORIE
Address	500 W MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202