



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001007612

2. Name of Corporation Humana At Home 1, Inc.

3. Street Address Principal Business Office:

No. and Street: 800 CARILLON PARKWAY  
STE 240

City or Town: ST PETERSBURG State: FL Zip: 33176 Country: USA

4. Business Phone No.

502-580-1000

5. State of Incorporation

State: FL

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

621610

6. Brief Description of the Character of Business Conducted in Rhode Island

HOME HEALTH CARE SERVICES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ERIC RACKOW	500 W MAIN ST LOUISVILLE, KY 40202 USA

TREASURER	ALAN BAILEY	500 W MAIN ST LOUISVILLE, KY 40202 USA
SECRETARY	JOAN LENAHAN	500 W MAIN ST LOUISVILLE, KY 40202 USA
VICE PRESIDENT	HANK ROBINSON	500 W MAIN ST LOUISVILLE, KY 40202 USA
DIRECTOR	MARSDEN CONNOLLY	500 W MAIN ST LOUISVILLE, KY 40202 USA
DIRECTOR	JAMES MURRAY	500 W MAIN ST LOUISVILLE, KY 40202 USA
DIRECTOR	BRUCE BROUSSARD	500 W MAIN ST LOUISVILLE, KY 40202 USA
DIRECTOR	ROY BEVERIDGE	500 W MAIN ST LOUISVILLE, KY 40202 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	20,000,000.00	1034459

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 14 Day of February, 2017 at 2:18:40 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By HANK ROBINSON  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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