



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|---|--------------------|---|----------------------------|
| 1. Corporate ID No. 121431 | | 2. Name of Corporation Humana MarketPOINT, Inc. | |
| 3. Street Address Principal Business Office 500 West Main Street | | City Louisville | State KY |
| 4. Business Phone No. 502-580-1000 | | 5. State of Incorporation KENTUCKY | 6. SIC Code 8888 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island MARKETING OF DISCOUNT CARDS - Insurance Sales | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name R. Eugene Shields | | Vice President Name George Bauernfeind | |
| Street Address 500 West Main Street | | Street Address Same | |
| City Louisville | State KY | City Louisville | State KY |
| Secretary Name Juan A. Lenahan | | Treasurer Name James H. Bloem | |
| Street Address Same | | Street Address Same | |
| City Louisville | State KY | City Louisville | State KY |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name Michael B. McCallister | | Director Name James H. Bloem | |
| Street Address Same | | Street Address Same | |
| City Louisville | State KY | City Louisville | State KY |
| Director Name James E. Murray | | Director Name James H. Bloem | |
| Street Address Same | | Street Address Same | |
| City Louisville | State KY | City Louisville | State KY |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| AUTHORIZED SHARES | | ISSUED SHARES | |
| Number of Shares | Class/Series | Number of Shares | Class/Series |
| 1,000 COMM \$1.00 PAR VALUE | | 1,000 | Common |
| | | | 1.00 Par Value |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



121431

| |
|---------------------------------|
| File Date 1-18-05 |
| Check No. 149562 |
| By: 21 |
| FOR SECRETARY OF STATE USE ONLY |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **George Bauernfeind** Date **1-11-05**
Print or Type Name of Officer
VP - Tax
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | |
|---|--------------------|---|--------------------|----------------------------|
| Corporate ID No 121431 | | 2. Name of Corporation Humana MarketPOINT, Inc. | | |
| Street Address Principal Business Office 500 West Main Street | | City Louisville | State KY | Zip 40202 |
| Business Phone No 502-580-1000 | | 5. State of Incorporation KENTUCKY | | 6. SIC Code 8888 |
| Brief Description of the Character of Business Conducted in Rhode Island MARKETING OF DISCOUNT CARDS Insurance Sales | | | | |
| NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Douglas R. Carlisle | | Vice President Name George Bauernfeind | | |
| Street Address 500 West Main Street | | Street Address Same | | |
| City Louisville | State KY | Zip 40202 | City | State |
| Secretary Name Joan Lenehan | | Treasurer Name James H. Bloem | | |
| Street Address Same | | Street Address Same | | |
| City | State | Zip | City | State |
| NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name Michael B. McCallister | | Director Name | | |
| Street Address Same | | Street Address | | |
| City | State | Zip | City | State |
| Director Name James E. Murray | | Director Name | | |
| Street Address Same | | Street Address | | |
| City | State | Zip | City | State |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 1,000 COMM \$1.00 PAR VALUE | | | 1,000 | Common |
| | | | | \$1.00 Par Value |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 4 3 1 *

File Date **9/7/04**
Check No. **108735**
By: **DA**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **George Bauernfeind** Date **9/1/04**
Print or Type Name of Officer **George Bauernfeind**
Title of Officer **VP - Tax**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

121431

2. Name of Corporation

Humana MarketPOINT, Inc.

3. Street Address Principal Business Office

500 West Main Street

City

Louisville

State

KY

Zip

40202

4. Business Phone No.

502.580.1000

5. State of Incorporation

KENTUCKY

6. SIC Code

8888

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

Sales Agency

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Douglas R. Carlisle

Vice President Name

George Bauernfeind

Street Address

500 West Main Street

Street Address

Same

City

State

Zip

Louisville

City

State

Zip

Secretary Name

Joan Lenahan

Treasurer Name

James H. Bloem

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Michael B. McCallister

Director Name

Street Address

Same

Street Address

City

State

Zip

City

State

Zip

Director Name

James E. Murray

Director Name

Street Address

Same

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1.00 Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 4 3 1 *

File Date: 2-18-03

Check No.: 17100

By: UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

George Bauernfeind 2/13/03
Signature of Officer Date

George Bauernfeind
Print or Type Name of Officer

VP-Tax
Title of Officer

5

Form 630 12/02

September 17, 2002

**OFFICERS AND DIRECTORS
OF
HUMANA MARKETPOINT, INC**

| | | |
|-------------------------|--|--|
| Douglas R. Carlisle | President | 500 West Main Street Louisville, KY 40202 |
| *James H. Bloem | Senior Vice President/Chief Financial Officer & Treasurer | " |
| Thomas J. Liston | Senior Vice President | " |
| George G. Bauernfeind | Vice President | " |
| Elizabeth D. Bierbower | Vice President | " |
| Gerald L. Ganoni | Vice President | " |
| Walter E. Neely | Vice President, Associate General Counsel and Assistant Secretary | " |
| Kathleen Pellegrino | Vice President and Assistant Secretary | " |
| W. Fred Wheeler | Vice President - Individual Products | " |
| Joan O. Lenahan | Secretary | " |
| *Michael B. McCallister | | |
| *James E. Murray | | |

*Directors



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 121431 2. Name of Corporation Humana MarketPOINT, Inc.

3. Street Address Principal Business Office 500 West Main Street City Louisville State KY Zip 40202
4. Business Phone No. 502.580.1000 5. State of Incorporation KENTUCKY 6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Sales Agency

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|---|
| President Name <u>Kenneth Fasola</u> Street Address <u>500 West Main Street</u> City <u>Louisville</u> State <u>KY</u> Zip <u>40202</u> | Vice President Name <u>George Bauernfeind</u> Street Address <u>Same</u> City _____ State _____ Zip _____ |
| Secretary Name <u>Joan Lenahan</u> Street Address <u>Same</u> City _____ State _____ Zip _____ | Treasurer Name <u>Brett McIntyre</u> Street Address <u>Same</u> City _____ State _____ Zip _____ |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|---|
| Director Name <u>Michael McCallister</u> Street Address <u>Same</u> City _____ State _____ Zip _____ | Director Name _____ Street Address _____ City _____ State _____ Zip _____ |
| Director Name <u>James Murray</u> Street Address <u>Same</u> City _____ State _____ Zip _____ | Director Name _____ Street Address _____ City _____ State _____ Zip _____ |

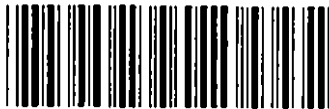
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Comm \$1.00 PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 4 3 1 *

File Date: 2/1/02
Check No.: 01011847
By: ME

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer George Bauernfeind /Date 1/28/02
Print or Type Name of Officer George Bauernfeind
Title of Officer VP-Tax

November 12, 2001

**OFFICERS AND DIRECTORS
OF
HUMANA MARKETPOINT, INC**

| | | |
|-------------------------|--|--|
| *Kenneth J. Fasola | President | 500 West Main Street Louisville, KY 40202 |
| James H. Bloem | Senior Vice President and Chief Financial Officer | " |
| Thomas J. Liston | Senior Vice President | " |
| George G. Bauernfeind | Vice President | " |
| Elizabeth D. Bierbower | Vice President | " |
| Gerald L. Ganoni | Vice President | " |
| Brett J. McIntyre | Vice President and Treasurer | " |
| Walter E. Neely | Vice President, Associate General Counsel and Assistant Secretary | " |
| Kathleen Pellegrino | Vice President and Assistant Secretary | " |
| W. Fred Wheeler | Vice President—Individual Products | " |
| Joan O. Lenahan | Secretary | " |
| *Michael B. McCallister | | |
| *James E. Murray | | |

*Directors