

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	
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Filing Period: January 1 - 1 (FORM MUST BE TYPED OR PRI		ling Fee: \$50.00			
1. Corporate ID No. 121431	2. Name of Corporat	ketPOINT, Inc.			
3. Street Address Principal Business		•	City	State	Zip
500 West	_Main 5	Kec+	Louisville	KY	40202
4. Business Phone No.		5. State of Incorporati			6. SIC Code
<u> 502-580 .</u>	1000	KENTUCKY			8888
7. Brief Description of the Chamica	ON NATION CONGRESS	in Rhode Island		<u> </u>	1 000
8. NAMES AND ADDRESSE		Insurance		SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
R. Eugene Sh	ields			uernteind	·
Sinvi Address	- 61		Street Address	•	
500 West Ma	in Street		Same	<u> </u>	
· •	State	Zip	Clty	State	Zip
Secretary Name	T <i>P.</i> 3	140202			
\	- 1		Trensurer Name	0.	
Sircei Address	nahan		James U.	Bluem	<u> </u>
<u>Sane</u>	State	Two.	Same	1: -	 ,·
cany.	Sinie	Zip	City	State	Zip
9. NAMES AND ADDRESSES Director Name			; ATTACHMENT) [] FILL II Director Name	 N SPACES BEFORE USING	 G ATTACHMENTS
Michael B. M	nccalliste	٠,	James H. B	blocm	•
Street Address			Street Address	210<1/1	
Same			Same		
City	State	Zip	Cliv	State	Zip
	}	·			\"**
Director Name		····J······	Director Name		
James E. M	uccoul				
Street Address	W. 1 444	<u> </u>	Street Address	·	
Same			•		
Cuy	State .	Zip	City	State	ZΨ
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10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHM	IENT)
Number of Shares	Class/Series	Par Value	Number of Shares	CIassiSeries	Par Value
1,000 COMM \$1.00 PAR VA	ALUE				1.40
			1.000	Common	Par Value
			'		
					
This report must be	signed in ink by ei	ther the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Re	cceiver or Trustee
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	1214	31	including any access	jury, I declare and affirm that panying schedules and staten	is nave examined this report
· · · · · · · · · · · · · · · · · · ·	.6		contained herein pec	true and correct.	nents, and that an statements
File Date	19562		C 12	11	
	19-10	•	Signature of Officer	auf	<u> </u>
Check No	1 1000		Signature of Officer	\mathcal{C}	Date
	2	·	George r	savernteind	
Ву:	U		Print or Type Name of	Officer	
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer	Х	
			inc in April		



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

Bustness Phone No. 5. State of Incorporation 6.5	40202 SIC COME 8888 ACHMENTS
Corporate ID No 12/1431 Humana MarketPOINT, Inc. Street Address Principal Business Office Street Address	40202 SIC COME 8888 ACHMENTS
2 Name of Curporation 121431 Humana MarketPOINT, Inc.	40202 SIC COME 8888 ACHMENTS
121431 Humana MarketPOINT, Inc. Street Address Principal Business Office State of Incorporation Street State of Incorporation Street State of Incorporation Street State of Incorporation State State of Incorporation State State of Incorporation State Stat	40202 SIC COME 8888 ACHMENTS
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State State Zip City State Zip	φ
OUISVILLE KY 40202 Treasurer Name Toan Lenghan Street Address Street Address Some State Zip City State Zip NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Michael B. Mc(a) i ster Street Address Street Address Street Address Street Address Street Address Street Address	•••••
Treasurer Name James N. Bloem Street Address Same State State Zip City State State Zip NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Michael B. McCallister Street Address Street Address Street Address	••••••
Janes N. Bloem Sirver Address Some State State Zip City State State Zip NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Michael B. McCallister Sirver Address Sirver Address Sirver Address	
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Director Name Director Name Director Name Sircet Address Sincet Address	
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Michael B. McCallister Sirver Address Same Situte Zij	
Same Same Situte Zu	
Same	
	ip .
rector Name Director Name	
James E. Murray	
reel Address Street Address	
Same	40
ty State Zip City State Zip	Cip
	<i>T</i>) 🗆
D. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	, , ,
UTHORIZED SHARES ISSUED SHARES	Day Value
umber of Shares Class/Series Par Value Number of Shares Class/Series P	Par Value
	Par Value
1,000 COMM \$1.00 PAR VALUE	- rac vary

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	10.002
Ву:	OA-
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affining any accompanying schedules and contained herein application	m that I have examined this report statements, and that all statements
Signature of Officer	9/1/04 Pare
Chocae Pauconfein. Print or Type Name of Officer	<u>d</u>
Title of Officer	

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.

2. Name of Corporation

121431

Humana MarketPOINT, Inc.

3. Street Address Principal Business Office

500 West Main Street

Haencu

502. 580, 1000

KENTUCKY

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

State

210 40202

6. SIC Code

8888

	0100 11-101104		
8.	NAMES AND ADDRESSES OF T	THE OFFICERS ("X" BOX FOR ATTACHMENT)	FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Carlisle Douglas

Louisville Secretary Name

Joan Lenahan Street Address

Same

State

ZIp

George Bauernfeind

Zip

Treasurer Name

Sames

5ame

Zip

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

B. Mc Callister Michael

Zip

Street Address

Director Name

Street Address

City

State

ZIp

Director Name

E. Murray

Zip

City

Zip

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

AUTHORIZZD SHARES

Number of Shares

Class/Series

Par Value

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

1,000 COMM \$1.00 PAR VALUE

FOR SECRETARY OF STATE USE ONLY

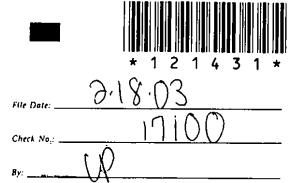
ISSUED SHARES

Number of Shares

Class/Series

\$ 1.00 Par Value

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



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.

<u>George Bauernfeine</u>

Form 630 12/02

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	14
Thomas J. Liston	Senior Vice President	u
George G. Bauemfeind	Vice President	
Elizabeth D. Bierbower	Vice President	и
Gerald L. Ganoni	Vice President	64
Walter E. Neely	Vice President, Associate General Counsel and Assistant Secretary	**
Kathleen Pellegrino	Vice President and Assistant Secretary	44
W. Fred Wheeler	Vice President - Individual Products	44
Joan O. Lenahan	Secretary	
*Michael B. McCallister		

^{*}James E. Murray

^{*}Directors

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

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Humana MarketPOINT, Inc.

3. Street Address Principal Business Office

Street Main

500 West

4. Rusiness Phone No.

502. 580. 1000 K
7. Brief Description of the Character of Business Conducted in Rhode Island

City

State KЧ

40202 6. SIC Code

8888

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

Kenneth Fasola Street Address

Secretary Name

Zip

Street Address

State

Zip

Same

State

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

Michael McCallister

Street Address

James Murray

Some

Director Name

State

Zip

Street Address

City

State

Zip

Director Name

Street Address

State

Zip

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

AUTHORIZED SHARES

Number of Shares 1,000 COMM \$1.00 PAR VALUE

Class/Series

State

Par Value

ESSUED SHARES Number of Shares

Class/Series

Par Value

1,000 Comm\$1.00 PAR VALUE

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

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



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 Bayernfei

VP:Taz Title of Officer

Form 630 12101 C

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	44
George G. Bauernfeind	Vice President	ts.
Elizabeth D. Bierbower	Vice President	**
Gerald L. Ganoni	Vice President	46
Brett J. McIntyre	Vice President and Treasurer	
Walter E. Neely	Vice President, Associate General Counsel and Assistant Secretary	u
Kathleen Pellegrino	Vice President and Assistant Secretary	
W. Fred Wheeler	Vice President -Individual Products	"
Joan O. Lenahan	Secretary	44
*Michael B. McCallister		

^{*}James E. Murray

^{*}Directors