| | State of Rhode | leland | Fee: \$50.00 | | | | |
|---|--|---------------------------------|---------------------|--|--|--|--|
| | Fee. \$50.00 | | | | | | |
| | Division Of Business Services | | | | | | |
| | 148 W. River Street | | | | | | |
| 1636 | Providence RI 02904-2615 (401) 222-3040 | | | | | | |
| | | | | | | | |
| Foreign Business Corpora Annual Report | ltion | | | | | | |
| Filing Period: February 1 - May | 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 - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u> | | | | | | | |
| 1. Corporate ID No. <u>0007.</u> | 37923 | | | | | | |
| 2. Name of Corporation Humana Pharmacy Solutions, Inc. | | | | | | | |
| 3. Street Address Principal E | Business Office: | | | | | | |
| No. and Street: 500 W. N | IAIN STREET | | | | | | |
| City or Town: LOUISV | ILLE State | : <u>KY</u> Zip: <u>40202</u> | Country: <u>USA</u> | | | | |
| 4. Business Phone No. | | | | | | | |
| 5. State of Incorporation | | | | | | | |
| State: <u>KY</u> | | | | | | | |
| NAICS CODE | | | | | | | |
| Enter the six digit NAICS Code Download the list of codes <u>he</u> | | • | | | | | |
| <u>524298</u> | | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | | |
| PHARMACY BENEFIT MANAGER | | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | | |
| All officers and directors must be listed. | | | | | | | |
| Title | Individual Name First, Middle, Last, Suffix | Add Address, City or Town, S | | | | | |
| 1 | | | | | | | |

| PRESIDENT | SCOTT ANDREW GREENWELL | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
|----------------|-------------------------|--|
| TREASURER | ROBERT MART MARCOUX JR. | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
| SECRETARY | JOSEPH MATTHEW RUSCHELL | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
| VICE PRESIDENT | JOSEPH MATTHEW RUSCHELL | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
| VICE PRESIDENT | SEAN MICHAEL LYSINGER | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
| VICE PRESIDENT | ROBERT MART MARCOUX JR. | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
| DIRECTOR | BRUCE DALE BROUSSARD | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
| DIRECTOR | WILLIAM KEVIN FLEMING | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |
| DIRECTOR | JOSEPH MATTHEW RUSCHELL | 500 W. MAIN STREET LOUISVILLE, KY 40202 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares | Total Issued and Outstanding <i>Num of</i> |
|----------------|-----------------|------------------------|----------------------------|---|
| | | | Number of Shares | Shares |
| CWP | | \$1.0000 | 1,000.00 | 1000 |

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 7 Day of June, 2023 at 1:19:40 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 CRYSTAL MCKENZIE

Signature of Authorized Representative of the Corporation

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