

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212550261

1.) CORPORATION NAME:

Humana Veterans Healthcare Services, Inc.

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1882333**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 WEST MAIN ST.
TAX DEPARTMENT

CITY/ST/ZIP: LOUISVILLE, KY 40202

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	TIM S. MCCLAIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	500 WEST MAIN ST.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JAMES H BLOEM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR.VP/CFO/TREAS		
ADDRESS:	500 WEST MAIN ST.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	HEIDI S. MARGULIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR. VP		
ADDRESS:	500 WEST MAIN ST.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	WILLIAM M ESAKOV	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHF. ACTUARY		
ADDRESS:	500 WEST MAIN ST.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	ORIE T. MULLEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	500 WEST MAIN ST.		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	GEORGE BAUERNFEIND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 WEST MAIN STREET		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ GEORGE BAUERNFEIND</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>GEORGE BAUERNFEIND, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>12/28/2012</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.