

SCC eFile

2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

213555572

1.) CORPORATION NAME:

Humana Veterans Healthcare Services, Inc.

DUE DATE: **12/31/2013**

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

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 checked="" type="checkbox"/> DIRECTOR
TITLE:	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:	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		

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

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

NAME:	JAMES MURRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 WEST MAIN ST		
CITY/ST/ZIP/CO:	LOUISVILLE, KY 40202		

NAME:	JOAN LENAHAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	500 WEST MAIN ST		
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.

/s/ GEORGE BAUERNFEIND	GEORGE BAUERNFEIND, VICE PRESIDENT	11/19/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

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.