

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90128 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **855552**

1. Corporation Name  
**VENCOR INSURANCE COMPANY**



Principal Place of Business: **300 NORTH MERIDIAN STREET SUITE 2700 INDIANAPOLIS IN 46204**  
 Mailing Address: **400 WEST MARKET STREET SUITE 3300 LOUISVILLE KY 40202**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>One Vencor Place</b>		2a. Mailing Address <b>One Vencor Place</b>		3. Date incorporated or Qualified <b>02/16/1983</b>
21 680 South Fourth Street	26 680 South Fourth Street	4. FEI Number <b>35-1536282</b>	Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
23 City & State <b>Louisville, KY</b>	28 City & State <b>Louisville, KY</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>40202-2412</b> Country <b>USA</b>	29 Zip <b>40202-2412</b> Country <b>USA</b>	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>INSURANCE COMMISSIONER FLORIDA DEPARTMENT OF INSURANCE 200 EAST GAINES STREET TALLAHASSEE FL 32399-0327</b>		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPC</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>See Attached List</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUNSFORD, W. BRUCE</b>	1.2 NAME	
STREET ADDRESS	<b>400 WEST MARKET STREET, SUITE 3300</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY 40202</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DCVP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>See Attached List</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARR, MICHAEL R</b>	2.2 NAME	
STREET ADDRESS	<b>400 WEST MARKET STREET, SUITE 3300</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY 40202</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DCVP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>See Attached List</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REED, W. EARL III</b>	3.2 NAME	
STREET ADDRESS	<b>400 WEST MARKET STREET, SUITE 3300</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY 40402</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVPO</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>See Attached List</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LADT, THOMAS T</b>	4.2 NAME	
STREET ADDRESS	<b>400 WEST MARKET STREET, SUITE 3300</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY 40202</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DSV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLENWATER, JAMES H JR.</b>	5.2 NAME	
STREET ADDRESS	<b>400 WEST MARKET STREET, SUITE 3300</b>	5.3 STREET ADDRESS	<b>One Vencor Place, 680 South Fourth Street</b>
CITY-ST-ZIP	<b>LOUISVILLE KY 40202</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SCS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORCE, JILL L</b>	6.2 NAME	
STREET ADDRESS	<b>400 WEST MARKET STREET, SUITE 3300</b>	6.3 STREET ADDRESS	<b>One Vencor Place, 680 South Fourth Street</b>
CITY-ST-ZIP	<b>LOUISVILLE KY 40202</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian K. Wood* Brian K. Wood 4/20/99 (502) 596-7300

CR2E034 (11/98)

**Vencor Insurance Company**

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855552  
532221-9012839

DIRECTORS:

Jill L. Force

Director

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

James H. Gillenwater, Jr.

Director

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

Richard A. Schweinhart

Director

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

Edward L. Kuntz

Chairman of the Board, Chief Executive Officer and President

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

Richard A. Lechleiter

Vice President, Finance and Corporate Controller

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

OFFICERS:

Jill L. Force

Senior Vice President, General Counsel and Secretary

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

James H. Gillenwater, Jr.

Senior Vice President, Planning and Development

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

Joseph L. Landenwich

Assistant Secretary

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

Richard A. Schweinhart

Senior Vice President and Chief Financial Officer

Primary Address: One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

Vencor Insurance Company

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Brian K. Wood

Vice President, Tax

Primary  
Address:

One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412

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532221 90128-39

Edward L. Kuntz

Chief Executive Officer and President

Primary  
Address:

One Vencor Place, 680 South Fourth Street  
Louisville, KY 40202-2412