

Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Yvain St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed:

Street Address:

City, State and Zip Code:

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

*or unrepresented minority group*

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)
	Male							Female							
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Officials and Managers (1)	669	53	9	5	50	2	6	727	97	9	3	725	2	9	1662
Professionals (2)	2485	208	59	7	307	9	24	3196	543	79	13	182	9	57	7178
Technicians (3)															
Sales Workers (4)	51	10	20	1	-	-	5	113	50	3	1	5		4	263
Office, Clerical and Administrative Support (5)	416	195		1	15	-	12	1390	1120	69	7	27		56	3308
Craft Workers (6)															
Operatives (7)															
Laborers and Helpers (8)															
Service Workers (9)	4	2	-	-	-	-	-	14	8	1	-	-	-	-	29
Total (1-9)	3625	468	88	14	372	11	47	5440	1978	161	24	235	11	126	12440
Total from Previous Report															138
															18
															12596

*undischlored unrepresented*

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3hr/week by pts  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 12440
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 Br. Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: Finance.ContractCompliance@ky.gov

Effective: 26-Jun-07

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- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
Street Address: 500 St. Main St.  
City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana 515 Building-ARM  
Street Address: 515 St. Market St.  
City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	52	2	1		1			50	3	1		1			1	112
Professionals (2)	165	13	5		19			210	26	9		18		5	471	
Technicians (3)																
Sales Workers (4)	6							6								12
Office, Clerical and Administrative Support (5)	6	1						20	5	1				1	34	
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)								1	2						3	
<b>Total (1-9)</b>	229	16	6		20			287	36	11	1	19		7	<b>639</b>	
Total from Previous Report																7

*unshaded*

6

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3 hr video tape  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 639
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many 26
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 S. Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 - KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett \_\_\_\_\_ Date 1-22-2020  
 Print Name and Title of Certifying Official

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

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CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

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- 1) Type of Report (check one):
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  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana Clocktower

Street Address: 123 E. Main St.

City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)
	Male							Female							
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Officials and Managers (1)	38			1	2			28	2			1			73
Professionals (2)	148	11	2	1	27		1	112	28	7		10		361	
Technicians (3)								1						1	
Sales Workers (4)	6	2					1	10	7		1			27	
Office, Clerical and Administrative Support (5)								5						5	
Craft Workers (6)															
Operatives (7)															
Laborers and Helpers (8)															
Service Workers (9)															
<b>Total (1-9)</b>	192	13	2	2	29		2	156	37	7	1	11		467	
Total from Previous Report															

15

14

Underwood

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3hr/week data  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 467
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

1-22-2020  
 Date

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

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CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
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Effective: 26-Jun-07

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- 1) Type of Report (check one):  Single-Establishment—firm conducts business from a single location  
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 Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana Data Center  
 Street Address: 5200 Southpoint Dr.  
 City, State and Zip Code: Louisville, KY 40229

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

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**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	10	1		1	1		2	4								19
Professionals (2)	103	4	1		5		1	11	1							132
Technicians (3)																
Sales Workers (4)																
Office, Clerical and Administrative Support (5)	4		1		1				1			1				8
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	117	5	2	1	7		3	15	2			1				159
Total from Previous Report																

6

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/1 day/1 hr/1 day  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
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 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
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- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 159
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

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1-22-2020  
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 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana Forum 1  
 Street Address: 301 N. Hurstbourne Pkwy  
 City, State and Zip Code: Louisville, KY 40222

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

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- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATANUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	5	1						4	2							12
Professionals (2)	2	4						2							1	9
Technicians (3)																
Sales Workers (4)	2							4								7
Office, Clerical and Administrative Support (5)	10	6	2		1		1	32	38	1		2		3	97	
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	19	11	2	-	1		1	42	40	1		2		4	<b>125</b>	
Total from Previous Report																

*Unrecorded*

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/1c day/lyte  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 125
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd main st.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana Forum III  
 Street Address: 305 N. Hurstbourne Pkwy  
 City, State and Zip Code: Louisville, KY 40222

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

Sumner Sumner 111

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)								1								1
Professionals (2)	1							4	2							8
Technicians (3)																
Sales Workers (4)																
Office, Clerical and Administrative Support (5)																
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	1							5	2			1				9
Total from Previous Report																

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/week  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 9
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____

Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 Ft. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana HAC (Hangar)  
 Street Address: 1180 Standiford Ch  
 City, State and Zip Code: Louisville, KY 40213

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATANUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	2															2
Professionals (2)	19		1													21
Technicians (3)																
Sales Workers (4)																
Office, Clerical and Administrative Support (5)																
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	21		1													<b>23</b>
Total from Previous Report																

*Handwritten signature*

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/week notes  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 23
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana 3rd Street Plaza</u> <u>325 3rd main st.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions **BEFORE** completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
- Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2): Humana Inc.
- Street Address: 500 St. Main St.
- City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana Hikes Center
- Street Address: 1918 Hikes Lane
- City, State and Zip Code: Louisville, KY 40218

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?
- Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. *Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.*

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	1															1
Professionals (2)	3															3
Technicians (3)																2
Sales Workers (4)	1							1								1
Office, Clerical and Administrative Support (5)									1							1
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)								1								1
<b>Total (1-9)</b>	<b>5</b>							<b>2</b>	<b>1</b>							<b>8</b>
Total from Previous Report																

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3rd Party Report  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 8
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana 3rd Street Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
Street Address: 500 St. Main St.  
City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana Hillside Lane  
Street Address: 1918 Hillside Lane  
City, State and Zip Code: Louisville, KY 40218

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)		
	Male							Female									
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O	
Officials and Managers (1)																	
Professionals (2)																	
Technicians (3)																	
Sales Workers (4)									1								1
Office, Clerical and Administrative Support (5)																	
Craft Workers (6)																	
Operatives (7)																	
Laborers and Helpers (8)																	
Service Workers (9)									1								1
<b>Total (1-9)</b>								1	1								2
Total from Previous Report																	

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 30 day cycle  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 2
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd. Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: HMHS Jorrm 1  
 Street Address: 301 N. Hurstbourne Pkwy  
 City, State and Zip Code: Louisville, KY 40222

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. *Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.*

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	7	5						12	6							30
Professionals (2)	7	6						21	9							43
Technicians (3)																
Sales Workers (4)	6							17	1							24
Office, Clerical and Administrative Support (5)								4	2	1						7
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	20	11						54	18	1						<b>104</b>
Total from Previous Report																

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hrk days byote  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 104
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 - KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett \_\_\_\_\_ 1-22-2020  
 Print Name and Title of Certifying Official Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions **BEFORE** completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):  Single-Establishment—firm conducts business from a single location  
 Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations  
 Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: HMHS Jorun III  
 Street Address: 305 N. Hurstbourne Pkwy  
 City, State and Zip Code: Louisville, KY 40222

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	24	3						26	1		1					55
Professionals (2)	105	8	1	1	7	1	2	63	14	1		2	1		206	
Technicians (3)																
Sales Workers (4)																
Office, Clerical and Administrative Support (5)																
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	129	11	1	1	7	1	2	89	15	1	1	2	1		<b>261</b>	
Total from Previous Report																

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3 weeks day by date  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 261
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>			
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>					
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>	
E-mail Address <u>rplunkett@humana.com</u>					

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: Finance.ContractCompliance@ky.gov

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions **BEFORE** completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: HMHS SCA Jorun 1

Street Address: 301 N. Hurstbourne Pkwy

City, State and Zip Code: Louisville, KY 40222

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc.

Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA.** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)			
	Male							Female										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O		
Officials and Managers (1)																		
Professionals (2)	3	1	1															5
Technicians (3)																		
Sales Workers (4)																		
Office, Clerical and Administrative Support (5)	31	7	2				1	62	36	3			1	3				146
Craft Workers (6)																		
Operatives (7)																		
Laborers and Helpers (8)																		
Service Workers (9)																		
<b>Total (1-9)</b>	<b>34</b>	<b>8</b>	<b>3</b>				<b>1</b>	<b>62</b>	<b>36</b>	<b>3</b>			<b>1</b>	<b>3</b>				<b>151</b>
Total from Previous Report																		

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3hr weekly reports  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 151
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Waterfront Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
--	-----------------	--------------------

Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

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SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: HMAS SCA Term III  
 Street Address: 305 N. Hurstbourne Pkwy.  
 City, State and Zip Code: Louisville, KY 40222

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc.

Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

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TWENTY SEVEN WORKMILL

WORKFORCE DATA/NUMBER OF EMPLOYEES

Job Categories	Race/Ethnicity														Total (A-N)			
	Male							Female										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O		
Officials and Managers (1)																		
Professionals (2)	6	1						6	2									16
Technicians (3)																		
Sales Workers (4)																		
Office, Clerical and Administrative Support (5)	4	2						28	8			1						43
Craft Workers (6)																		
Operatives (7)																		
Laborers and Helpers (8)																		
Service Workers (9)								2	2	1								5
Total (1-9)	10	3						36	12	1		1						64
Total from Previous Report																		

undisclosed

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3hr/week days  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
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 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 64
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana 3rd Street Plaza</u> <u>325 3rd main st.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

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Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

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OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

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  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
Street Address: 500 St. Main St.  
City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: HMHS SCA WAH KY  
Street Address: 999 York at Home St.  
City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)
	Male							Female							
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	
Officials and Managers (1)															
Professionals (2)	2							47	2		1		1	1	54
Technicians (3)															
Sales Workers (4)															
Office, Clerical and Administrative Support (5)	8	6						70	44	1				1	130
Craft Workers (6)															
Operatives (7)															
Laborers and Helpers (8)															
Service Workers (9)	1							1							2
<b>Total (1-9)</b>	11	6						118	46	1	1		1	2	<b>186</b>
Total from Previous Report															

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3 hr/week note  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 186
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 3rd Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana Tower  
 Street Address: 500 3rd Main St.  
 City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	176	5	2	1	5	1	2	163	2	2		2	1	4	369	3
Professionals (2)	508	33	10	1	28	4	3	538	49	9		33		8		14
Technicians (3)																
Sales Workers (4)	8						1	7								3
Office, Clerical and Administrative Support (5)	16	1	1		4			76	12	6	2	4				13
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)	1															1
Total (1-9)	709	39	13	2	37	5	6	784	63	17	5	39	1	12	1756	24
Total from Previous Report																

*Mathematical*

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3 hr/week  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 1756
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

1-22-2020  
 Date

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____

Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 Ft. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana IN Chesleyan Bldg  
 Street Address: 2530 Sir Barton Way  
 City, State and Zip Code: Louisville, KY 40509

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)								1								1
Professionals (2)	3							2	1							6
Technicians (3)																
Sales Workers (4)	2							2								4
Office, Clerical and Administrative Support (5)																
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	<b>5</b>							<b>5</b>	<b>1</b>							<b>11</b>
Total from Previous Report																

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3 hr/week  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 11
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 Stratford St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana Louisville Govt.

Street Address: 400 W. 1st St

City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA.** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)		
	Male							Female									
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O	
Officials and Managers (1)																	
Professionals (2)																	
Technicians (3)																	
Sales Workers (4)																	
Office, Clerical and Administrative Support (5)	1								2								3
Craft Workers (6)																	
Operatives (7)																	
Laborers and Helpers (8)																	
Service Workers (9)																	
<b>Total (1-9)</b>	1								2								3
Total from Previous Report																	

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/1 day/1 wks  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 3
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana 3rd Street Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett \_\_\_\_\_ Date 1-22-2020  
 Print Name and Title of Certifying Official

Rhonda Plunkett, HR Compliance Lead \_\_\_\_\_  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana One Riverfront  
 Street Address: 401 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATANUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)		
	Male							Female									
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O	
Officials and Managers (1)																	
Professionals (2)							2										2
Technicians (3)																	
Sales Workers (4)																	
Office, Clerical and Administrative Support (5)																	
Craft Workers (6)																	
Operatives (7)																	
Laborers and Helpers (8)																	
Service Workers (9)																	
<b>Total (1-9)</b>							2										2
Total from Previous Report																	

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3 hr/week  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 2
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett 1-22-2020  
 Print Name and Title of Certifying Official Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____

Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
 Street Address: 500 St. Main St.  
 City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana-PNC Emphesys  
 Street Address: 101 S. 5th St.  
 City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare And Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
 Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATANUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)
	Male							Female							
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	White (Not Hispanic or Latino)	Black or African American (Not Hispanic or Latino)	Hispanic or Latino	Native Hawaiian and Other Pacific Islander (Not Hispanic or Latino)	Asian (Not Hispanic or Latino)	American Indian or Alaskan Native (Not Hispanic or Latino)	Two or more races (Not Hispanic or Latino)	
Officials and Managers (1)	4		1	1				6							12
Professionals (2)	27		1		2			21	2			1	1	1	58
Technicians (3)															
Sales Workers (4)	1							2				1			4
Office, Clerical and Administrative Support (5)	5		1		1			3							10
Craft Workers (6)															
Operatives (7)															
Laborers and Helpers (8)															
Service Workers (9)															
<b>Total (1-9)</b>	<b>37</b>	<b>-</b>	<b>3</b>	<b>1</b>	<b>3</b>			<b>32</b>	<b>2</b>			<b>2</b>	<b>1</b>	<b>1</b>	<b>84</b>
Total from Previous Report															

*undisclosed*

*2*

*2*

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3hr/1 day/1 hr/1 day  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 84
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett 1-22-2020  
 Print Name and Title of Certifying Official Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana-Simpsonville

Street Address: 145 Citizens Blvd

City, State and Zip Code: Simpsonville, KY 40067

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)																1
Professionals (2)	1															1
Technicians (3)																
Sales Workers (4)																
Office, Clerical and Administrative Support (5)																
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	2															2
Total from Previous Report																

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/week by phone  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 2
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana - St. Elizabeth Medical Office Bldg

Street Address: 1500 James Simpson Jr. Way, Suite 204

City, State and Zip Code: Covington, KY 41011

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA.** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)		
	Male							Female									
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O	
Officials and Managers (1)																	
Professionals (2)								1									1
Technicians (3)																	
Sales Workers (4)																	
Office, Clerical and Administrative Support (5)								1									1
Craft Workers (6)																	
Operatives (7)																	
Laborers and Helpers (8)																	
Service Workers (9)																	
<b>Total (1-9)</b>								2									2
Total from Previous Report																	

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3hr/week by hpts  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 2
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Waterfront Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett \_\_\_\_\_ 1-22-2020 \_\_\_\_\_  
 Print Name and Title of Certifying Official Date

Rhonda Plunkett, HR Compliance Lead \_\_\_\_\_  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions **BEFORE** completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky
- 2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.  
Street Address: 500 St. Main St.  
City, State and Zip Code: Louisville, KY 40202
- 2) Name of Branch Office/ Other location for which this form is filed: Humana - The HUB  
Street Address: 516-526 St. Main St  
City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?  
Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA
- 2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No
- 3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No
- 4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No
- 5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

*summary - updated*

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O
Officials and Managers (1)	10	3			1			9								23
Professionals (2)	37	3	1		5		1	47	4			1				96
Technicians (3)																
Sales Workers (4)		1														1
Office, Clerical and Administrative Support (5)								1								1
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	47	4	1		6		1	57	4			1				123
Total from Previous Report																

*understand*

*2*

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/1 day/1 hr/1 day  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 123
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____

Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: To reduce/ eliminate processing delays, read the attached instructions **BEFORE** completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana Thornton Park Plaza

Street Address: 2600 James Thornton Way

City, State and Zip Code: Louisville, KY 40245

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA.** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. *Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.*

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A - N)			
	Male							Female										
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		O		
Officials and Managers (1)																		
Professionals (2)																		
Technicians (3)																		
Sales Workers (4)							1										1	
Office, Clerical and Administrative Support (5)																		
Craft Workers (6)																		
Operatives (7)																		
Laborers and Helpers (8)																		
Service Workers (9)																		
<b>Total (1 - 9)</b>							1										1	
Total from Previous Report																		

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/week by pte  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 1
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 - KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett \_\_\_\_\_ 1-22-2020 \_\_\_\_\_  
 Print Name and Title of Certifying Official Date

Rhonda Plunkett, HR Compliance Lead \_\_\_\_\_  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

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SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana WVAH KY

Street Address: 999 Sheraton Home St

City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)
	Male							Female							
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Officials and Managers (1)	34	1	6	1	6	1	1	102	23	1	1	1	1	16	163
Professionals (2)	283	24	6	1	6	1	4	1074	142	19	7	23	1	16	1621
Technicians (3)															
Sales Workers (4)	10	1		1				31	11			1			56
Office, Clerical and Administrative Support (5)	108	47	2	1	2		3	543	419	24	3	8	2	22	1185
Craft Workers (6)															
Operatives (7)															
Laborers and Helpers (8)															
Service Workers (9)	1	2						7	4						14
<b>Total (1-9)</b>	<b>436</b>	<b>75</b>	<b>8</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>8</b>	<b>1757</b>	<b>599</b>	<b>44</b>	<b>10</b>	<b>33</b>	<b>3</b>	<b>38</b>	<b>3039</b>
Total from Previous Report															16

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3 hr/week by phone  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 3039
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza 325 S. Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

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SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana WVAH WKLY KY

Street Address: 999 Stark at Home St

City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PM SA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. *Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.*

*Sumner WPH WKLY KY*

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)	
	Male							Female								
	A	B	C	D	E	F	G	H	I	J	K	L	M	N		
Officials and Managers (1)	3							2								5
Professionals (2)								3								6
Technicians (3)																
Sales Workers (4)	1															1
Office, Clerical and Administrative Support (5)								1								1
Craft Workers (6)																
Operatives (7)																
Laborers and Helpers (8)																
Service Workers (9)																
<b>Total (1-9)</b>	<b>4</b>							<b>6</b>	<b>2</b>							<b>13</b>
Total from Previous Report																

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3 hr/week computer  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR  
 c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 13
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Waterfront Plaza</u> <u>325 3rd main st</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official 1-22-2020  
Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

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SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 3rd Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana - Waterfront Plaza

Street Address: 321 3rd Main St.

City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare and Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA.** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)
	Male							Female							
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Officials and Managers (1)	165	9	2	2	22	-	1	115	12			11	2	8	339
Professionals (2)	588	47	10	2	134		7	486	88	21		54	2	8	1469
Technicians (3)															
Sales Workers (4)	1							5						1	7
Office, Clerical and Administrative Support (5)	43	11	3		1		1	83	50	8				3	204
Craft Workers (6)															
Operatives (7)															
Laborers and Helpers (8)															
Service Workers (9)															
<b>Total (1-9)</b>	797	67	15	2	157		9	689	150	29		65	2	12	2019
Total from Previous Report															

*understand 22*

25

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify): 3hr/1 day/1 hr/1 day  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 2019
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza</u> <u>325 3rd Main St</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

1-22-2020  
 Date

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____

Form—EEO Part I

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)  
E-MAIL: [Finance.ContractCompliance@ky.gov](mailto:Finance.ContractCompliance@ky.gov)

Effective: 26-Jun-07

EEO-1: EMPLOYER INFORMATION REPORT

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  - Single-Establishment—firm conducts business from a single location
  - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
  - Branch Office/Other (required for all Consolidated employers with business locations in Kentucky; also required for subsidiaries or affiliates filing EEO data)—contains employment data for a specific location; a separate branch office/other report must be filed for each location in the Commonwealth of Kentucky

2) Total number of reports being filed by this firm 26

SECTION II. EMPLOYER/FIRM IDENTIFICATION

1) Name of Parent Company (owns or controls the branch/ office/other location or subsidiary or affiliate listed in Section II, #2) Humana Inc.

Street Address: 500 St. Main St.

City, State and Zip Code: Louisville, KY 40202

2) Name of Branch Office/ Other location for which this form is filed: Humana Waterside Bldg

Street Address: 101 E. Main St.

City, State and Zip Code: Louisville, KY 40202

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc. Healthcare And Related Services

SECTION IV. GENERAL INFORMATION

1) Does the firm hire primarily from (check one):  County?  City?  Metropolitan Statistical Area?  State?  Nationwide?

Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): PMSA

2) Does the firm have a current Affirmative Action Plan? (check one)  Yes  No

3) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one)  Yes  No

4) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review.  Yes  No

5) Within the past five (5) years, has the firm been declared ineligible for any public contract (check one)? If yes, attach a separate sheet fully explaining the situation.  Yes  No

**SECTION V. WORKFORCE DATA:** Report all full-time and permanent part-time employees including apprentices and on-the-job trainees unless specifically excluded in the instructions. Enter the appropriate figures in each space. Any blank spaces will be considered as zeros. No employee should be counted in more than one job category or in more than one race/ethnicity category. Reports with mathematical errors will not be processed and a determination about the company's certification status will be delayed.

**WORKFORCE DATA/NUMBER OF EMPLOYEES**

Job Categories	Race/Ethnicity														Total (A-N)
	Male							Female							
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Officials and Managers (1)	137	23	3	1	18	1	5	204	46	5	2	5	3	4	452
Professionals (2)	474	56	20	1	74	3	5	546	171	13	1	39	3	17	1436
Technicians (3)															
Sales Workers (4)	7	6					3	27	30	3		3		3	85
Office, Clerical and Administrative Support (5)	180	114	8		5		7	462	502	24	2	11	8	25	1368
Craft Workers (6)															
Operatives (7)															
Laborers and Helpers (8)															
Services Workers (9)	1							1							2
<b>Total (1-9)</b>	799	199	31	2	97	4	15	1240	749	45	5	58	14	49	<b>3343</b>
Total from Previous Report															36

**SECTION VI. DATA COLLECTION**

- 1) How was employment data in Section V obtained? (check one):  Visual Survey  Payroll  Other (specify) 3hr K days/yr  
 (Note: Data must not be more than 90 days old. Data more than 90 days old will not be accepted or processed.)
- a) If visual survey is indicated, enter the date of visual survey used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- b) If payroll is indicated, enter the date of payroll used for Section V: \_\_\_\_\_ to \_\_\_\_\_  
 OR
- c) If another method is indicated, enter the time period used for Section V: 12-1-19 to 12-31-19
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one):  Yes  No
- 3) Does the firm normally hire additional employees to perform contract work (check one)?  Yes  No
- 4) List the maximum number of employees working for the firm at any one time during a typical 12 month period. 3343
- 5) Does the company have any Kentucky locations? (check one)  Yes  No If the response is "Yes," indicate how many \_\_\_\_\_
- 6) Does the company file a federal EEO-1 report? (check one)  Yes  No

**SECTION VII. CERTIFICATION**

Name of Person to Contact Regarding this Report <u>Rhonda Plunkett</u>		Title <u>HR Compliance Lead</u>		
Mailing Address <u>Humana Stratford Plaza 325 3rd Main St.</u>				
City <u>Louisville</u>	State <u>KY</u>	Zip Code <u>40202</u>	Telephone Number <u>(502) 580-3408</u>	Fax Number <u>N/A</u>
E-mail Address <u>rplunkett@humana.com</u>				

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 – KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Rhonda Plunkett  
 Print Name and Title of Certifying Official

1-22-2020  
 Date

Rhonda Plunkett, HR Compliance Lead  
 Signature of Certifying Official (must be an official or manager; refer to the Instructions)

For Official Use Only (Minority/ Female Employment Utilization):	Initials: _____	Review Date: _____
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**SUBCONTRACTOR REPORT FORM**

**Notice: Vendors/Contractors are required to report all subcontracts valued at \$500,000 or more (Note: information is not required for contracts below the second tier). The subcontracts reported on this form must be for a specific line item(s) of work on a contract/project your firm has with the Commonwealth of Kentucky, i.e., you should not report contracts your firm has with a company to clean your office building, to provide security for your office, to routinely service your vehicles or equipment, to upgrade your warehouse, etc. Type or print legibly. Do not use pencil; use black or dark blue ink. A substitute or alternate version of this form will not be accepted or processed. Incomplete forms will not be processed.**

- 1) Business Name (REQUIRED): Humana Health Plan, Inc.
- 2) Solicitation or Contract Number (REQUIRED): RFP 758 2000000202
- 3) Project Name or Contract Description: MEDICAID MANAGED CARE ORGANIZATION (MCO) - ALL REGIONS

- 4) Indicate if your company has entered into agreements with subcontractors valued at \$500,000 or more (check one):
  - Our company has not entered into agreements with subcontractors valued at \$500,000 or more (skip section 5 and complete section 6).
  - Our company has entered into agreements with subcontractors valued at \$500,000 or more (complete section 5 and section 6).

5) Provide subcontract information as follows (attach Additional Reporting Sheets if necessary):

Name of Subcontractor	Contact Person	Telephone Number (including area code)	Street Address, City, State and Zip Code	Subcontract Amount
Avesis Third Party Administrators, Inc.	Dale Miracle	410-413-9314	10324 S. Dolfield Road, Owings Mills, MD 21117	\$1,400,000
Centauri Health Solutions, Inc.	Linda Roman	216-431-5200 x 1550	16260 N. 71st Street, Suite 350, Scottsdale, AZ 85254	\$710,000
Outcomes, Inc. dba OutcomesMTM	Libby Moench	515-237-0001	505 Market Street Suite 200, West Des Moines, IA 50266	\$1,700,000

6) Certification: I certify that the information contained in this report and any Additional Reporting Sheets or other attachments, is true and accurate to the best of my knowledge and belief. Further, I am authorized to sign this form on behalf of the company. If necessary, the company will update this report should it enter into additional subcontracts valued at \$500,000 or more.

T. Alan Wheatley, President, Retail Segment, Humana

Printed Name and Title of Certifying Official

1-29-2020

Signature of Certifying Official (must be an official or manager)

Date

FINANCE AND ADMINISTRATION CABINET  
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY AND CONTRACT COMPLIANCE  
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601  
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)

**AFFIDAVIT OF INTENT TO COMPLY**

**A substitute or alternate version of this form will not be accepted or processed.**

The undersigned, after first being duly sworn, states as follows: I, T. Alan Wheatley  
Type or Print Name

have authority to sign this affidavit on behalf of Humana Health Plan, Inc.  
Type or Print Company Name

Check one:

I acknowledge and agree that the aforementioned company will "comply in full with all requirements of the Kentucky Civil Rights Act," and "submit data required by 45.560 to 45.640 upon being designated the successful bidder." I also acknowledge and agree that the Finance and Administration Cabinet, Office of EEO and Contract Compliance may request additional information and/or documentation, in accordance with KRS 45.550 et seq at any point during the life of any contract awarded. I further acknowledge and agree that a failure to provide information requested in a timely manner may result in the Commonwealth of Kentucky pursuing any and all legal remedies available, including but not limited to, termination of contract and a prohibition against doing business with the Commonwealth in the future.

The aforementioned company is exempt from compliance with the Kentucky Civil Rights Act because the company is not an "employer" as defined by KRS 344.030(2). I acknowledge and agree that the aforementioned company will "submit data required by 45.560 to 45.640 upon being designated the successful bidder." I also acknowledge and agree that the Finance and Administration Cabinet, Office of EEO and Contract Compliance may request additional information and/or documentation, in accordance with KRS 45.550 et seq at any point during the life of any contract awarded. I further acknowledge and agree that a failure to provide information requested in a timely manner may result in the Commonwealth of Kentucky pursuing any and all legal remedies available, including but not limited to, termination of contract and a prohibition against doing business with the Commonwealth in the future.

AFFIANT: [Signature]

Affix Notary Seal Below

Signature of Certifying Official  
(must be an official or manager)

T. Alan Wheatley, President, Retail Segment, Humana  
Type or Print Name and Title of Certifying Official

1-29-2020  
Date

Commonwealth or State Kentucky  
County of Jefferson

Subscribed and sworn to before me by T. Alan Wheatley, President, Retail Segment, Humana  
(Affiant)/ (Title)  
of Humana Health Plan, Inc. this 29 day of January, 20 20  
(Company Name)

MY COMMISSION EXPIRES ON: (Date) May 22, 2023

NOTARY PUBLIC Catherine A. Guzzio

