

# Kentucky Secretary of State Annual Report

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**Company** KENTUCKIANA MEDICAL CLAIMS, INC.  
**Company ID** 0339818.09.99999  
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## Principal Office

ATTN: JOSEPH V. FROEHLE  
429 TIMBERLAKE TRAIL  
LOUISVILLE, KY 40245

## Registered Agent

DAVID A. BLACK  
VILLAGE SQUARE CTR.  
11800 SHELBYVILLE RD.  
MIDDLETOWN, KY 40243

## Officers

|               |                   |   |
|---------------|-------------------|---|
| President     | Donna Froehle     | ATTN: JOSEPH V. FROEHLE, 429 TIMBERLAKE TRAIL, LOUISVILLE, KY 40245 |
| Secretary     | Joseph V. Froehle | ATTN: JOSEPH V. FROEHLE, 429 TIMBERLAKE TRAIL, LOUISVILLE, KY 40245 |
| Treasurer     | Joseph V. Froehle | ATTN: JOSEPH V. FROEHLE, 429 TIMBERLAKE TRAIL, LOUISVILLE, KY 40245 |
| ARP Signature | DONNA FROEHLE     | ATTN: JOSEPH V. FROEHLE, 429 TIMBERLAKE TRAIL, LOUISVILLE, KY 40245 |

## Signatures

**Signature** Donna Froehle  
**Title** President