# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 14, 2001 8:00 am**
**Secretary of State**
05-14-2001 90219 014 ***150.00

0600138

DOCUMENT # 817192

1. Entity Name
HUMANADENTAL INSURANCE COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 1100 EMPLOYERS BLVD.<br>GREEN BAY WI 54344<br>US | 1100 EMPLOYERS BLVD.<br>GREEN BAY WI 54344<br>US |

UUUJU537

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | PO Box 740026<br>Suite, Apt. #, etc.<br>C/O TAX Dept. |
| City & State | City & State<br>Louisville, KY |
| Zip / Country | Zip 40201-7426 / Country Jefferson |

4. FEI Number 39-0714280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| INSURANCE COMMISSIONER<br>THE CAPITOL<br>TALLAHASSEE FL 32304 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2001 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MASSENGALE, JIM E<br>2801 HIGHWAY 280 SOUTH<br>BIRMINGHAM AL | ☑ Delete | Presidents<br>Gerald L. Ganoni<br>500 W. Main St.<br>Louisville, KY 40202 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVTD<br>WILLIAMS, A.S. I<br>2801 HIGHWAY 280 SOUTH<br>BIRMINGHAM AL | ☑ Delete | SVP + CFO<br>James H. Bloem<br>500 W. Main St.<br>Louisville, KY 40202 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CFOD<br>JOHNS, JOHN D<br>2801 HIGHWAY 280 SOUTH<br>BIRMINGHAM AL | ☑ Delete | SVP<br>Stephen O. Moya<br>500 W. Main St.<br>Louisville, KY 40202 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LONG, DEBORAH J<br>2801 HIGHWAY 280 SOUTH<br>BIRMINGHAM AL | ☑ Delete | Treasurer<br>Brett J. McIntyre<br>500 W. Main St.<br>Louisville, KY 40202 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SVD<br>STUENKEL, WAYNE E<br>2801 HIGHWAY 280 SOUTH<br>BIRMINGHAM AL | ☑ Delete | VP<br>George G. Bavernfeind<br>500 W. Main St.<br>Louisville KY 40202 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Delete | Secretary<br>Joan O. Lenahan<br>500 W. Main St<br>Louisville, KY 40202 | ☐ Change | ☑ Addition |

CR2E034 (10/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** George Bavernfeind George G. Bavernfeind 4/24/01 (502) 580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #