2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2010
Secretary of State

DOCUMENT# 817192

Entity Name: HUMANADENTAL INSURANCE COMPANY

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 740026
C/O TAX DEPT
LOUISVILLE, KY 402017426 US

New Mailing Address:

FEI Number: 39-0714280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: GANONI, GERALD L
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: TCFO
Name: BLOEM, JAMES H
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: D
Name: MURRAY, JAMES E
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: VP
Name: BAUENFEIND, GEORGE G
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

Title: S
Name: LENAHAN, JOAN O
Address: 500 W MAIN ST
City-St-Zip: LOUISVILLE, KY 40202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE BAUERNFEIND VP 04/19/2010

Electronic Signature of Signing Officer or Director Date