

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817192

FILED  
Apr 26, 2011  
Secretary of State

**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

**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: LENAHAAN, 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

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date