

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 582512

Entity Name: HUMANA DENTAL COMPANY

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 59-1843760

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	DIRECTOR	Title	VICE PRESIDENT, INVESTMENTS
Name	BROUSSARD , BRUCE	Name	PRESTON, W MARK
Address	500 WEST MAIN ST	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202

Title	VICE PRESIDENT	Title	DIRECTOR & PRESIDENT
Name	WILSON, RALPH	Name	SCHICK, SUSAN D
Address	500 WEST MAIN STREET	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR	Title	CHIEF FINANCIAL OFFICER, DIRECTOR
Name	RUSCHELL, JOSEPH M.	Name	DIAMOND, SUSAN M
Address	500 WEST MAIN STREET	Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202	City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR, TAX
Name	FELD , DANIEL K
Address	500 WEST MAIN STREET
City-State-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: DANIEL K FELD

DIRECTOR, TAX

05/01/2023

Electronic Signature of Signing Officer/Director Detail

Date