

**2013 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:**P.O. BOX 740026  
LOUISVILLE, KY 40201 US**FEI Number:** 59-1843760**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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	P
Name	GANONI, GERALD L
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	VP
Name	BAUERNFEIND, GEORGE
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	T
Name	BLOEM, JAMES H
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	S
Name	LENAHAN, JOAN O
Address	500 WEST MAIN STREET
City-State-Zip:	LOUISVILLE KY 40202

Title	DIRECTOR
Name	BROUSSARD , BRUCE
Address	500 WEST MAIN ST
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:** GEORGE BAUERNFEIND

VICE PRESIDENT

04/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date