

**2016 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 VICE PRESIDENT  
Name ROBINSON, HANK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title TREASURER  
Name BAILEY, ALAN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SECRETARY  
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

Title DIRECTOR  
Name MURRAY, JAMES  
Address 500 W. MAIN ST.  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR  
Name BEVERIDGE, ROY  
Address 500 W. MAIN ST.  
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, GROUP SEGMENT  
Name BIERBOWER, ELIZABETH  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SEGMENT VICE PRESIDENT AND  
PRESIDENT, SMALL BUSINESS AND  
LARGE GROUP  
Name QUIRAM, TAMARA  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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*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:** HANK ROBINSON

VICE PRESIDENT

04/05/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SENIOR VICE PRESIDENT AND CFO  
Name KANE, BRIAN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT MANAGEMENT  
Name PRESTON, WILLIAM MARK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title ASSISTANT CORPORATE SECRETARY  
Name VENTURA, JOSEPH  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF  
INFORMATION OFFICER  
Name LECLAIRE , BRIAN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, GROUP SEGMENT  
Name REMMERS, RICHARD  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF  
ACCOUNTING OFFICER  
Name ZIPPERLE, CYNTHIA  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202