

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 582512

**FILED  
Apr 26, 2022  
Secretary of State  
0792600780CC**

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

Title VICE PRESIDENT AND TREASURER  
Name BAILEY, ALAN J  
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 VICE PRESIDENT, INVESTMENTS  
Name PRESTON, W 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 SENIOR VICE PRESIDENT, CHIEF ACCOUNTING OFFICE & CONTROLLER  
Name KOBERLEIN, MICHAEL A  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, ENTERPRISE ASSOCIATE & BUSINESS SOLUTIONS  
Name EDWARDS, DOUGLAS A  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR & PRESIDENT  
Name SCHICK, SUSAN D  
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:** D HANK ROBINSON

**SENIOR VICE  
PRESIDENT, TAX**

**04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT CORPORATE SECRETARY AND  
LEGAL ADVISOR  
Name DURALL, COURTNEY D.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title DIRECTOR, VICE PRESIDENT,  
ASSOCIATE GENERAL COUNSEL AND  
CORPORATE SECRETARY  
Name RUSCHELL, JOSEPH M.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202