

**2021 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 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 DIRECTOR AND PRESIDENT  
Name HUNTER, CHRISTOPHER H  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, CFO  
Name KANE, BRIAN  
Address 500 WEST MAIN STREET  
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 VICE PRESIDENT AND CHIEF  
ACCOUNTING OFFICE &  
CONTROLLER  
Name ZIPPERLE, CYNTHIA  
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 04/19/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SENIOR VICE PRESIDENT, WORKPLACE  
EXPERIENCE  
Name EDWARDS, DOUGLAS A  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT,  
EMPLOYER GROUP  
Name SCHICK, SUSAN D  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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