## 2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H11958

**Entity Name: COMPBENEFITS COMPANY** 

**Current Principal Place of Business:** 

6101 BLUE LAGOON DR

**STE 100** 

MIAMI, FL 33126

**Current Mailing Address:** 

P.O. BOX 740026

ATTN: TAX DEPARTMENT

LOUISVILLE, KY 40201-7426 US

FEI Number: 59-2531815 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST.

TALLAHASSEE, FL 32399 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:

Name

Electronic Signature of Registered Agent

Date

**FILED** Apr 15, 2022

**Secretary of State** 

2641643465CC

Officer/Director Detail:

Title VICE PRESIDENT AND TREASURER Title SENIOR VICE PRESIDENT, TAX

Name BAILEY, ALAN Name ROBINSON, D HANK Address **500 WEST MAIN STREET** Address **500 WEST MAIN STREET** 

LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202 City-State-Zip:

Title **CFO** Title DIRECTOR

BROUSSARD, BRUCE D. Name DIAMOND, SUSAN M Name 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, INVESTMENTS Title SEGMENT PRESIDENT, RETAIL

Name PRESTON, W MARK Name WHEATLEY, T ALAN Address 500 WEST MAIN STREET Address 500 WEST MAIN STREET LOUISVILLE KY 40202 City-State-Zip: City-State-Zip: LOUISVILLE KY 40202

SENIOR VICE PRESIDENT, CHIEF Title Title

VICE PRESIDENT ACCOUNTING OFFICER AND

WILSON, RALPH M CONTROLLER

KOEBERLEIN, MICHAEL A Name Address **500 WEST MAIN STREET** Address **500 WEST MAIN STREET** LOUISVILLE KY 40202 City-State-Zip:

City-State-Zip: LOUISVILLE KY 40202

## Continues on page 2

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 04/15/2022

## Officer/Director Detail Continued:

Title SENIOR VICE PRESIDENT, CHIEF COMPLIANCE

**OFFICER** 

Name O'REILLY, SEAN J
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE SECRETARY & LEGAL

**ADVISOR** 

Name DURALL, COURTNEY D.
Address 500 W. 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

Title VICE PRESIDENT, EMPLOYER GROUP

REGIONAL PRESIDENT

Name TILTON, MICHAEL P
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF

**ACTUARY** 

Name OLSON, VANESSA M Address 500 W. MAIN STREET City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, VP, ASSOCIATE

GENERAL COUNSEL & CORPORATE

**SECRETARY** 

Name RUSCHELL, JOSEPH M.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,

**SPECIALTY** 

Name SEXTON, ELLEN M

Address 1100 EMPLOYERS BLVD.

City-State-Zip: DEPERE WI 54115