

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H11958

Entity Name: COMPBENEFITS COMPANY

Current Principal Place of Business:

5775 BLUE LAGOON DRIVE
SUITE 400
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name BROUSSARD, BRUCE D.
Address 500 WEST MAIN ST
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR AND CFO
Name KANE, BRIAN A
Address 500 WEST MAIN STREET
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 PRESIDENT, RETAIL SEGMENT
Name WHEATLEY, T ALAN
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 M
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 04/16/2020

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING
OFFICER AND CONTROLLER
Name ZIPPERLE, CYNTHIA
Address 500 WEST 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 SENIOR VICE PRESIDENT, EMPLOYER GROUP
SALES
Name REMMERS, RICHARD D
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT,
ENTERPRISE COMPLIANCE AND
CHIEF COMPLIANCE OFFICER
Name O'REILLY, SEAN J
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title APPOINTED ACTUARY
Name BESENDORF, ANDREW J. III
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR LEGAL PROFESSIONAL &
ASSISTANT CORPORATE SECRETARY
Name DURALL, COURTNEY D.
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202