

**2015 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# H11958

**Entity Name:** COMPBENEFITS COMPANY

**Current Principal Place of Business:**

5775 BLUE LAGOON DRIVE  
SUITE 400  
MIAMI, FL 33126

**FILED**  
**Aug 31, 2015**  
**Secretary of State**  
**CC3272660248**

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

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

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

Title           DIRECTOR  
Name           KANE, BRIAN A  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           PRESIDENT  
Name           QUIRAM, TAMARA L  
Address        1100 EMPLOYERS BOULEVARD  
City-State-Zip: DEPERE WI 54115

*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: JOAN O. LENAHAN**

**SECRETARY**

**08/31/2015**

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

\_\_\_\_\_  
Date