## **2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H11958

**Entity Name: COMPBENEFITS COMPANY** 

**Current Principal Place of Business:** 

500 WEST MAIN ST. LOUISVILLE. KY 40202

**Current Mailing Address:** 

500 WEST MAIN ST.

LOUISVILLE. KY 40202 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

FILED May 01, 2023

**Secretary of State** 

0862240446CC

Officer/Director Detail:

Title DIRECTOR Title SECRETARY, DIRECTOR

Name BROUSSARD, BRUCE DALE Name RUSCHELL, JOSEPH MATTHEW

Address 500 WEST MAIN ST. Address 500 WEST MAIN ST.

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

Title PRESIDENT Title VP

Name TILTON, MICHAEL POUL Name WILSON, RALPH MARTIN

Address 500 WEST MAIN ST. Address 500 WEST MAIN ST.

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

Title TREASURER, VP Title DIRECTOR

NameMARCOUX, ROBERT MARTIN JR.NameRENAUDIN, GEORGE IIAddress500 WEST MAIN ST.Address500 WEST MAIN ST.

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, TAX

Name FELD, DANIEL K
Address 500 WEST MAIN ST.
City-State-Zip: LOUISVILLE KY 40202

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: DANIEL K FELD DIRECTOR, TAX 05/01/2023