## 2019 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:

Electronic Signature of 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:

City-State-Zip:

Officer/Director Detail:

Title VICE PRESIDENT AND TREASURER Title SENIOR VICE PRESIDENT, TAX

NameBAILEY, ALANNameROBINSON, D HANKAddress500 WEST MAIN STREETAddress500 WEST MAIN STREETCity-State-Zip:LOUISVILLE KY 40202City-State-Zip:LOUISVILLE KY 40202

Title DIRECTOR Title DIRECTOR AND CFO

Name BROUSSARD , BRUCE D. Name KANE, BRIAN A

Address 500 WEST MAIN ST Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR AND PRESIDENT Title PRESIDENT, RETAIL SEGMENT

NameHUNTER, CHRISTOPHER HNameWHEATLEY, T ALANAddress500 WEST MAIN STREETAddress500 WEST MAIN STREETCity-State-Zip:LOUISVILLE KY 40202City-State-Zip:LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, Title VICE PRESIDENT, INVESTMENTS

EMPLOYER GROUP AND SPECIALITY Name PRESTON, W MARK

Name MATZKE, MARK Address 500 WEST MAIN STREET

Address 500 WEST MAIN STREET 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

LOUISVILLE KY 40202

SENIOR VICE PRESIDENT 04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 23, 2019

Secretary of State

4841008317CC

Date

## Officer/Director Detail Continued:

Title VICE PRESIDENT
Name WILSON, RALPH M

Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, DEPUTY GENERAL

COUNSEL & CORPORATE SECRETARY

Name NEWMAN, C BROOKS
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 SENIOR VICE PRESIDENT, CHIEF

ACCOUNTING OFFICER AND

CONTROLLER

Name ZIPPERLE, CYNTHIA
Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF

COMPLIANCE OFFICER

Name O'REILLY, SEAN J
Address 500 W. MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title APPOINTED ACTUARY
Name MATEJA, SUSAN L

Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202