

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 817192

Entity Name: HUMANADENTAL INSURANCE COMPANY**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**500 WEST MAIN STREET
LOUISVILLE, KY 40202 US**FEI Number:** 39-0714280**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 CFO
Name DIAMOND, SUSAN MARIE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, INVESTMENTS
Name PRESTON, WILLIAM MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name WILSON, RALPH MARTIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
ENTERPRISE ASSOCIATE &
BUSINESS SOLUTIONS
Name EDWARDS, DOUGLAS ALLEN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
COMPLIANCE OFFICER
Name O'REILLY, SEAN JOSEPH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL
AND CORPORATE SECRETARY
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
ACCOUNTING OFFICER &
CONTROLLER
Name FELTER, JOHN-PAUL WILLIAM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, GROUP BUSINESS OPERATIONS
Name HUTCHINSON, LEANN MOREN
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: DANIEL KEVIN FELD**TAX DIRECTOR****03/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT AND TREASURER
Name MARCOUX, JR., ROBERT MARTIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, MEDICARE SUPPLEMENT
Name ROTH, FREDERICK WILLIAM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE SECRETARY AND
DIRECTOR, ESG STRATEGY
Name DURALL, COURTNEY DANIELLE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, MEDICARE REGIONAL PRESIDENT
Name GASKILL, JEREMY LEON
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name BROUSSARD, BRUCE DALE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name RENAUDIN, GEORGE II
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
RISK OFFICER
Name SCHRAUDENBACH, LEAH
SONNENSCHNEIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title TAX DIRECTOR
Name FELD, DANIEL KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT AND SENIOR VICE
PRESIDENT, MEDICARE DIVISIONAL
LEADER
Name STEWART, GILBERT ALAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202