

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2019
Secretary of State
1672984993CC

Entity Name: COMPBENEFITS INSURANCE COMPANY

Current Principal Place of Business:

2929 BRIARPARK, SUITE 314
HOUSTON, TX 77042-3719

Current Mailing Address:

P.O. BOX 740026
LOUISVILLE, KY 40201 US

FEI Number: 74-2552026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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, PRESIDENT
Name HUNTER, CHRISTOPHER H
Address 500 WEST MAIN ST
City-State-Zip: LOUISVILLE KY 40202

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

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

Title DIRECTOR, SEGMENT PRESIDENT,
RETAIL
Name WHEATLEY, T ALAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title CHIEF INFORMATION OFFICER
Name LECLAIRE, BRIAN P
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
EMPLOYER GROUP AND SPECIALITY
Name MATZKE, MARK
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 04/23/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VICE PRESIDENT, INVESTMENTS
Name PRESTON, W MARK
Address 500 WEST MAIN STRET
City-State-Zip: LOUISVILLE KY 40202

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 AND CORPORATE SECRETARY
Name NEWMAN, C BROOKS
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, 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

Title SENIOR VICE PRESIDENT,
EMPLOYER GROUP SALES
Name REMMERS, RICHARD D
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
ACCOUNTING OFFICER AND
CONTROLLER
Name ZIPPERLE, CYNTHIA H
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR AND SENIOR VICE
PRESIDENT, MEDICARE
Name MCCULLEY, STEVEN E
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
ACTUARY
Name OLSON, VANESSA M
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, MEDICARE
DIVISIONAL LEADER
Name TUFTO, DANIEL A
Address 500 W. MAIN STREET
City-State-Zip: LOUISVILLE KY 40202