

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 838468

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

Title SENIOR VICE PRESIDENT,  
EMPLOYER GROUP  
Name SCHICK, SUSAN D  
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

**SENIOR VICE PRESIDENT 04/15/2021**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VICE PRESIDENT  
Name WILSON, RALPH M  
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

Title ASSOCIATE VICE PRESIDENT, ASSISTANT  
GENERAL COUNSEL & ASSISTANT CORPORATE  
SECRETARY  
Name RUSCHELL, JOSEPH M.  
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 SENIOR VICE PRESIDENT,  
ENTERPRISE COMPLIANCE AND  
CHIEF COMPLIANCE OFFICER  
Name O'REILLY, SEAN J  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title APPOINTED ACTUARY  
Name BESENDORF, ANDREW J. III  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE  
SECRETARY AND LEGAL ADVISOR  
Name COURTNEY, DURALL D.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,  
Name SEXTON, ELLEN R  
Address 500 W. MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202