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:

Address

Electronic Signature of Registered Agent

Date

FILED Apr 15, 2021

Secretary of State

5236183458CC

Officer/Director Detail :

VICE PRESIDENT AND TREASURER Title Title SENIOR VICE PRESIDENT, TAX

BAILEY, ALAN Name Name ROBINSON, D HANK 500 WEST MAIN STREET Address 500 WEST MAIN STREET Address City-State-Zip: LOUISVILLE KY 40202 LOUISVILLE KY 40202 City-State-Zip:

DIRECTOR Title Title DIRECTOR, PRESIDENT

Name BROUSSARD, BRUCE D HUNTER, CHRISTOPHER H Name

Address 500 W MAIN ST Address 500 WEST MAIN ST

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

Title DIRECTOR, SEGMENT PRESIDENT, DIRECTOR AND CFO Title

RFTAIL

Name KANE. BRIAN A Name WHEATLEY, T ALAN Address 500 W MAIN STREET Address 500 W MAIN STREET LOUISVILLE KY 40202 City-State-Zip: City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, INVESTMENTS Title

SENIOR VICE PRESIDENT, PRESTON, W MARK **EMPLOYER GROUP** Name

Name SCHICK, SUSAN D 500 WEST MAIN STRET

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

> 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

04/15/2021 SENIOR VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

VICE PRESIDENT SENIOR VICE PRESIDENT, CHIEF Title Title ACCOUNTING OFFICER AND Name WILSON, RALPH M CONTROLLER 500 WEST MAIN STREET Address ZIPPERLE, CYNTHIA H Name City-State-Zip: LOUISVILLE KY 40202 Address 500 WEST MAIN STREET LOUISVILLE KY 40202 City-State-Zip: DIRECTOR AND SENIOR VICE PRESIDENT, Title **MEDICARE** SENIOR VICE PRESIDENT, Title Name MCCULLEY, STEVEN E ENTERPRISE COMPLIANCE AND CHIEF COMPLIANCE OFFICER 500 WEST MAIN STREET Address Name O'REILLY, SEAN J City-State-Zip: LOUISVILLE KY 40202 Address 500 W. MAIN STREET Title SENIOR VICE PRESIDENT, CHIEF ACTUARY City-State-Zip: LOUISVILLE KY 40202 OLSON, VANESSA M Name Title APPOINTED ACTUARY 500 W. MAIN STREET Address Name BESENDORF, ANDREW J. III City-State-Zip: LOUISVILLE KY 40202 500 W. MAIN STREET Address SENIOR VICE PRESIDENT, MEDICARE Title City-State-Zip: LOUISVILLE KY 40202 **DIVISIONAL LEADER** Name TUFTO, DANIEL A Title ASSISTANT CORPORATE SECRETARY AND LEGAL ADVISOR 500 W. MAIN STREET Address COURTNEY, DURALL D. Name City-State-Zip: LOUISVILLE KY 40202 Address 500 WEST MAIN STREET City-State-Zip: LOUISVILLE KY 40202 Title ASSOCIATE VICE PRESIDENT, ASSISTANT GENERAL COUNSEL & ASSISTANT CORPORATE

SECRETARY

Name RUSCHELL, JOSEPH M. 500 WEST MAIN STREET Address LOUISVILLE KY 40202 City-State-Zip:

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