

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838468

Entity Name: COMPBENEFITS INSURANCE COMPANY**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**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
P O BOX 6200 (32314-6200)
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 CFOD
Name BLOEM, JAMES H
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP
Name BAUERNFEIND, GEORGE
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title S
Name LENAHAN, JOAN O
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title P
Name GANONI, GERALD L
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title D
Name MURRAY, JAMES E
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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: GEORGE BAUERNFEIND

VICE PRESIDENT

04/26/2013

Electronic Signature of Signing Officer/Director Detail

Date