2018 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 838468

Entity Name: COMPBENEFITS INSURANCE COMPANY

FILED Aug 10, 2018 Secretary of State CC3525334397

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:

Name

Date Electronic Signature of Registered Agent

Name

Officer/Director Detail :

Title VICE PRESIDENT, TREASURY Title SENIOR VICE PRESIDENT, TAX

BAILEY, ALAN ROBINSON, HANK Name Name

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

Title DIRECTOR Title DIRECTOR, PRESIDENT

Name BROUSSARD, BRUCE D BIERBOWER, ELIZABETH 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 RETAIL, DIRECTOR AND CFO Title

PRESIDENT KANE. BRIAN A

WHEATLEY, TIMOTHY ALAN Address 500 W MAIN STREET

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

Title CHIEF INFORMATION OFFICER Title SENIOR VICE PRESIDENT,

EMPLOYER GROUP AND SPECIALITY LECLAIRE, BRIAN P Name

Name MATZKE, MARK 500 WEST MAIN STREET Address

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

> 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: HANK ROBINSON 08/10/2018 SENIOR VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

APPOINTED ACTUARY

Title

VICE PRESIDENT, INVESTMENTS SENIOR VICE PRESIDENT, Title Title **EMPLOYER GROUP SALES** Name PRESTON, WILLIAM MARK

Name REMMERS, RICHARD Address 500 WEST MAIN STRET Address 500 WEST MAIN STREET City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT SENIOR VICE PRESIDENT, CHIEF Title Name WILSON, RALPH M ACCOUNTING OFFICER AND

CONTROLLER Address 500 WEST MAIN STREET

ZIPPERLE, CYNTHIA H Name City-State-Zip: LOUISVILLE KY 40202 500 WEST MAIN STREET Address

Title SENIOR VICE PRESIDENT, ASSOCIATE City-State-Zip: LOUISVILLE KY 40202 GENERAL COUNSEL AND CORPORATE

SECRETARY Title DIRECTOR VENTURA, JOSEPH Name

Name MCCULLEY, STEVEN E 500 WEST MAIN STREET Address 500 WEST MAIN STREET Address City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, CHIEF COMPLIANCE OFFICER Title SENIOR VICE PRESIDENT, CHIEF

City-State-Zip:

LOUISVILLE KY 40202

ACTUARY O'REILLY, SEAN J Name Name OLSON, VANESSA M Address 500 W. MAIN STREET Address 500 W. MAIN STREET

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

Title SENIOR VICE PRESIDENT, MEDICARE Name MATEJA, SUSAN L **DIVISIONAL LEADER**

Address 500 W. MAIN STREET Name TUFTO, DANIEL A City-State-Zip: LOUISVILLE KY 40202 Address 500 W. MAIN STREET

LOUISVILLE KY 40202 City-State-Zip: