

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 838468

**FILED**  
**Feb 05, 2015**  
**Secretary of State**  
**CC8825906977**

**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           TREASURER  
Name           BAILEY, ALAN  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title           VICE PRESIDENT  
Name           ROBINSON, HANK  
Address        500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

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

Title           DIRECTOR  
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

Title           DIRECTOR  
Name           BEVERIDGE, ROY  
Address        500 W MAIN ST  
City-State-Zip: LOUISVILLE KY 40202

Title           DIRECTOR  
Name           LISTON, THOMAS  
Address        500 W 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:** HANK ROBINSON

**VICE PRESIDENT**

**02/05/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BIERBOWER, ELIZABETH  
Address        500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202