2022 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

FILED Apr 20, 2022

Secretary of State

5962267039CC

Officer/Director Detail:

Title VICE PRESIDENT AND TREASURER Title SENIOR VICE PRESIDENT, TAX

Name BAILEY, ALAN Name ROBINSON, D HANK
Address 500 WEST MAIN STREET Address 500 WEST MAIN STREET

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

Title DIRECTOR Title CHIEF FINANCIAL OFFICER

Name BROUSSARD, BRUCE D Name DIAMOND, SUSAN M

Address 500 W MAIN ST Address P.O. BOX 740026

City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40201

Title DIRECTOR, SEGMENT PRESIDENT, Title VICE PRESIDENT, INVESTMENTS

RETAIL Name PRESTON, W MARK

NameWHEATLEY, T ALANAddress500 WEST MAIN STRETAddress500 W MAIN STREETCity-State-Zip:LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT

Name WILSON, RALPH M

Name SCHICK, SUSAN D Address 500 WEST MAIN STREET

Address 500 WEST MAIN STREET

City State 7 in 1 CHIEN WILL FOR Address

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: DONALD HANK ROBINSON

SENIOR VICE PRESIDENT, TAX

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING

OFFICER AND CONTROLLER

Name KOBERLEIN, MICHAEL A
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF

COMPLIANCE OFFICER

Name O'REILLY, SEAN J
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 DIRECTOR, VICE PRESIDENT, ASSOCIATE

GENERAL COUNSEL & CORPORATE

SECRETARY

Name RUSCHELL, JOSEPH M.
Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, EMPLOYER GROUP

REGIONAL PRESIDENT

Name TILTON, MICHAEL P

Address P.O. BOX 740026

City-State-Zip: LOUISVILLE KY 40201

Title DIRECTOR AND SENIOR VICE

MCCULLEY, STEVEN E

PRESIDENT, MEDICARE

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

Name

Title SENIOR VICE PRESIDENT, CHIEF

ACTUARY

Name OLSON, VANESSA M 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,

SPECIALTY

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

Title VICE PRESIDENT, EMPLOYER

GROUP REGIONAL PRESIDENT

Name GASKILL, JEREMY L Address P.O. BOX 740026

City-State-Zip: LOUISVILLE KY 40201