

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

Officer/Director Detail :

Title VICE PRESIDENT AND TREASURER
Name BAILEY, ALAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title CHIEF FINANCIAL OFFICER
Name DIAMOND, SUSAN M
Address P.O. BOX 740026
City-State-Zip: LOUISVILLE KY 40201

Title DIRECTOR, SEGMENT PRESIDENT,
RETAIL
Name WHEATLEY, T ALAN
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, INVESTMENTS
Name PRESTON, W MARK
Address 500 WEST MAIN STRET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, PRESIDENT
Name SCHICK, SUSAN D
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name WILSON, RALPH M
Address 500 WEST MAIN STREET
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
PRESIDENT, MEDICARE
Name MCCULLEY, STEVEN E
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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