

2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 838468

FILED
Jun 03, 2019
Secretary of State
7660184945CC

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, PRESIDENT
Name HUNTER, CHRISTOPHER H
Address 500 WEST MAIN ST
City-State-Zip: LOUISVILLE KY 40202

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

Title DIRECTOR AND CFO
Name KANE, BRIAN A
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title CHIEF INFORMATION OFFICER
Name LECLAIRE, BRIAN P
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
EMPLOYER GROUP AND SPECIALITY
Name MATZKE, MARK
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: C. BROOKS NEWMAN

SENIOR VICE
PRESIDENT, DEPUTY
GENERAL COUNSEL AND
CORPORATE
SECRETARY

06/03/2019

Officer/Director Detail Continued :

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

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

Title SENIOR VICE PRESIDENT, DEPUTY GENERAL
 COUNSEL AND CORPORATE SECRETARY
 Name NEWMAN, C BROOKS
 Address 500 WEST MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, CHIEF COMPLIANCE OFFICER
 Name O'REILLY, SEAN J
 Address 500 W. MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202

Title APPOINTED ACTUARY
 Name BESENDORF, ANDREW J.
 Address 500 W. MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202

Title SENIOR LEGAL PROFESSIONAL & ASSISTANT
 CORPORATE SECRETARY
 Name COURTNEY, DURALL D.
 Address 500 WEST MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT,
 EMPLOYER GROUP SALES
 Name REMMERS, RICHARD D
 Address 500 WEST MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
 ACCOUNTING OFFICER AND
 CONTROLLER
 Name ZIPPERLE, CYNTHIA H
 Address 500 WEST MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202

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 SENIOR VICE PRESIDENT, MEDICARE
 DIVISIONAL LEADER
 Name TUFTO, DANIEL A
 Address 500 W. MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT GENERAL COUNSEL &
 ASSISTANT CORPORATE
 SECRETARY
 Name RUSCHELL, JOSEPH M.
 Address 500 WEST MAIN STREET
 City-State-Zip: LOUISVILLE KY 40202