## 2017 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:

Name

Electronic Signature of Registered Agent

Date

**FILED** Apr 20, 2017

Secretary of State

CC5415614805

Officer/Director Detail :

Title **TREASURER** Title VICE PRESIDENT BAILEY, ALAN Name Name ROBINSON, HANK

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

Title DIRECTOR, PRESIDENT Title VICE PRESIDENT AND CORPORATE

**SECRETARY** 

BIERBOWER, ELIZABETH Name LENAHAN, JOAN O Name

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

City-State-Zip: LOUISVLLE KY 40202

Title DIRECTOR, SENIOR VICE PRESIDENT Title **DIRECTOR** 

AND CFO

Name KANE. BRIAN A BROUSSARD, BRUCE D Name

Address 500 W MAIN STREET Address 500 W MAIN ST

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

Title SEGMENT VICE PRESIDENT AND Title DIRECTOR, PRESIDENT, RETAIL

PRESIDENT, SMALL BUSINESS AND

SEGMENT LARGE GROUP WHEATLEY, TIMOTHY ALAN

Name QUIRAM, TAMARA Address 500 W MAIN STREET

500 WEST MAIN STREET Address LOUISVILLE KY 40202 City-State-Zip: 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 04/20/2017 VICE PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

City-State-Zip:

LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT AND CHIEF Title SENIOR VICE PRESIDENT

INFORMATION OFFICER

Name

MARGULIS, HEIDI

 Name
 LECLAIRE, BRIAN P
 Address
 500 WEST MAIN STREET

 Address
 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND APPOINTED ACTUARY

Title VICE PRESIDENT AND APPOINTED ACTUARY

Title VICE PRESIDENT AND CHIEF

NameCANINE, JONATHANNameCATRON, JOHN GREGORYAddress500 WEST MAIN STREETAddress500 WEST MAIN STREETCity-State-Zip:LOUISVILLE KY 40202City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF ACTUARY Title VICE PRESIDENT, GROUP SEGMENT LEADERSHIP

Name KAN, KENNY Name MATZKE, MARK

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT MANAGEMENT
Title VICE PRESIDENT, GROUP SEGMENT

City-State-Zip:

LOUISVILLE KY 40202

NamePRESTON, WILLIAM MARKNameREMMERS, RICHARDAddress500 WEST MAIN STREETAddress500 WEST MAIN STREETCity-State-Zip:LOUISVILLE KY 40202City-State-Zip:LOUISVILLE KY 40202

TitleVICE PRESIDENTTitleVICE PRESIDENTNameWILSON, RALPH MNameZACHARIAS, TOD

Address 500 WEST MAIN STREET Address 500 WEST MAIN STREET

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

Title VICE PRESIDENT AND CHIEF ACCOUNTING Title ASSISTANT CORPORATE

OFFICER

Name

VENTURA, JOSEPH

Name ZIPPERLE, CYNTHIA Name VENTURA, JOSEPH

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202

City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR Title VICE PRESIDENT

Name MCCULLEY, STEVEN E

Address 500 WEST MAIN STREET

Name ARNHOLD, STEPHEN M

Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202