## 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0600000149

Entity Name: COMPBENEFITS DIRECT, INC.

**Current Principal Place of Business:** 

500 WEST MAIN STREET LOUISVILLE, KY 40202

**Current Mailing Address:** 

P.O. BOX 740026

LOUISVILLE, KY 40201

FEI Number: 58-2228851 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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

Date

FILED Feb 05, 2015

**Secretary of State** 

CC5026233186

Officer/Director Detail:

 Title
 PRESIDENT
 Title
 VICE PRESIDENT

 Name
 GANONI, GERALD L
 Name
 ROBINSON, HANK

Address 500 WEST MAIN STREET Address 500 WEST MAIN STREET

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

Title SECRETARY Title DIRECTOR

Name LENAHAN, JOAN O Name BROUSSARD , BRUCE D
Address 500 WEST MAIN STREET Address 500 WEST MAIN ST

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

Title TREASURER Title DIRECTOR

Electronic Signature of Signing Officer/Director Detail

NameBAILEY, ALANNameMURRAY, JAMESAddress500 W MAIN STREETAddress500 W MAIN ST

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

Title DIRECTOR

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

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