

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000000242

Entity Name: COMPREHENSIVE HEALTH INSIGHTS, INC.**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**PO BOX 740026
LOUISVILLE, KY 40201-7426**FEI Number:** 42-1575099**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SECRETARY
Name LENAHAN, JOAN O
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MURRAY, JAMES E
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT
Name LAMBERT III, CHARLES F
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

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

Title CEO & PRESIDENT & DIRECTOR
Name BROUSSARD, BRUCE
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

Electronic Signature of Signing Officer/Director Detail_____
Date