

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32333

Entity Name: THE DENTAL CONCERN, INC.**Current Principal Place of Business:**500 WEST MAIN STREET
LOUISVILLE, KY 40202**Current Mailing Address:**P.O. BOX 740026
LOUISVILLE, KY 40201-7426**FEI Number:** 52-1157181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

Officer/Director Detail :

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

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

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

Title CFO
Name DIAMOND, SUSAN M
Address 500 W MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, SEGMENT PRESIDENT,
RETAIL
Name WHEATLEY, TIMOTHY ALAN
Address 500 WEST MAIN STREET
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, INVESTMENTS
Name PRESTON, WILLIAM MARK
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
ACCOUNTING OFFICER &
CONTROLLER
Name KOBERLEIN, MICHAEL A
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: D HANK ROBINSONSENIOR VICE
PRESIDENT, TAX

04/26/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MCCULLEY, STEVEN EDWARD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF ACTUARY
Name OLSON, VANESSA M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title SENIOR VICE PRESIDENT, SPECIALTY
Name SEXTON, ELLEN R
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, EMPLOYER GROUP
REGIONAL PRESIDENT
Name TILTON, MICHAEL P
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT & CHIEF
COMPLIANCE OFFICER
Name O'REILLY, SEAN J
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

Title DIRECTOR, VICE PRESIDENT,
ASSOCIATE GENERAL COUNSEL AND
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 GASKILL, JEREMY L
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202