## 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H11958

**Entity Name: COMPBENEFITS COMPANY** 

**Current Principal Place of Business:** 

5775 BLUE LAGOON DRIVE SUITE 400

MIAMI, FL 33126

**Current Mailing Address:** 

P.O. BOX 740026

ATTN: TAX DEPARTMENT

LOUISVILLE, KY 40201-7426 US

FEI Number: 59-2531815 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E. GAINES ST. TALLAHASSEE, FL 32399 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

**FILED** Apr 23, 2018

Secretary of State

CC4921706574

Officer/Director Detail:

VICE PRESIDENT, TREASURY Title Title SENIOR VICE PRESIDENT, TAX

Name BAILEY, ALAN 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

DIRECTOR AND CFO Title Title DIRECTOR

BROUSSARD, BRUCE D. Name KANE, BRIAN A Name

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

Title PRESIDENT, RETAIL SEGMENT Title DIRECTOR AND PRESIDENT Name WHEATLEY, TIMOTHY ALAN Name BIERBOWER, ELIZABETH Address **500 WEST MAIN STREET** Address 500 WEST MAIN STREET City-State-Zip: LOUISVILLE KY 40202 City-State-Zip: LOUISVILLE KY 40202

VICE PRESIDENT - INVESTMENT Title Title SENIOR VICE PRESIDENT,

**MANAGEMENT** EMPLOYER GROUP AND SPECIALITY

Name PRESTON, WILLIAM MARK Name MATZKE, MARK Address 500 WEST MAIN STREET 500 WEST MAIN STREET Address City-State-Zip: LOUISVILLE KY 40202

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.

04/23/2018 VICE PRESIDENT SIGNATURE: HANK ROBINSON

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

VICE PRESIDENT Title Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING OFFICER AND WILSON, RALPH M Name

CONTROLLER

VICE PRESIDENT AND CHIEF

COMPLIANCE OFFICER

500 W. MAIN STREET

O'REILLY, SEAN J

Address 500 WEST MAIN STREET ZIPPERLE, CYNTHIA Name City-State-Zip: LOUISVILLE KY 40202 Address 500 WEST MAIN STREET

City-State-Zip: LOUISVILLE KY 40202 SENIOR VICE PRESIDENT, ASSOCIATED

Title

Name

Address

GENERAL COUNSEL & CORPORATE

**SECRETARY** 

Name VENTURA, JOSEPH

Title

Address 500 WEST MAIN STREET

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

Title SENIOR VICE PRESIDENT AND CHIEF ACTUARY Title APPOINTED ACTUARY

OLSON, VANESSA M Name Name MATEJA, SUSAN L

500 W. MAIN STREET Address Address 500 W. MAIN STREET

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