

2015 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
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

Officer/Director Detail :

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 SECRETARY
Name LENAHAN, JOAN O
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT
Name GANONI, GERALD L
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

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

Title DIRECTOR
Name BEVERIDGE, ROY
Address 500 WEST MAIN STREET
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