

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005152

**Entity Name:** MCCI HOLDINGS, LLC**Current Principal Place of Business:**500 WEST MAIN STREET  
LOUISVILLE, KY 40202**Current Mailing Address:**PO BOX 740026  
LOUISVILLE, KY 40201-7426 US**FEI Number:** 20-5569675**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:** SHERIE HINTON

04/27/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CHIEF MEDICAL OFFICER / MANAGER  
Name BEVERIDGE, ROY AINSWORTH M.D.  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT / MANAGER  
Name BROUSSARD, BRUCE DALE  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title CHIEF FINANCIAL OFFICER / MANAGER  
Name KANE, BRIAN ANDREW  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT / ASSOCIATE GENERAL COUNSEL / CORPORATE SECRETARY  
Name VENTURA, JOSEPH CHRISTOPER  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title CHIEF INFORMATION OFFICER  
Name LECLAIRE, BRIAN PHILLIP PHD  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title VICE PRESIDENT  
Name EDWARDS, DOUGLAS ALLEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - FINANCE  
Name KUHN, JENNIFER  
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONALD HANK ROBINSONSENIOR VICE PRESIDENT 04/27/2018  
- TAX

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

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

Title SENIOR VICE PRESIDENT / CHIEF ACCOUTING  
OFFICER / CONTROLLER  
Name ZIPPERLE, CYNTHIA HILLEBRAND  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name WILSON, RALPH MARTIN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202