

2024 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 838468

Entity Name: COMPBENEFITS INSURANCE COMPANY

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 74-2552026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ASSOCIATE VICE PRESIDENT, TAX
Name FELD, DANIEL KEVIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name FELTER, JOHN-PAUL WILLIAM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name MARCOUX, ROBERT MARTIN JR.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name O'REILLY, SEAN JOSEPH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name RENAUDIN, GEORGE II
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title ASSISTANT CORPORATE SECRETARY AND DIRECTOR, ESG STRATEGY
Name DURALL, COURTNEY DANIELLE
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: DANIEL K FELD

ASSOCIATE VICE
PRESIDENT, TAX

09/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING
OFFICER & CONTROLLER
Name FELTER, JOHN-PAUL WILLIAM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, GROUP BUSINESS OPERATIONS
Name HUTCHINSON, LEANN MOREN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF COMPLIANCE
OFFICER
Name O'REILLY, SEAN JOSEPH
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT, MEDICARE & MEDICAID
Name RENAUDIN, GEORGE II
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, ASSOCIATE GENERAL COUNSEL AND
CORPORATE SECRETARY
Name RUSCHELL, JOSEPH MATTHEW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title PRESIDENT AND SENIOR VICE PRESIDENT,
MEDICARE DIVISIONAL LEADER
Name STEWART, GILBERT ALAN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VP, MEDICARE REGIONAL
PRESIDENT
Name GASKILL, JEREMY LEON
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND TREASURER
Name MARCOUX, ROBERT MARTIN JR.
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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

Title VP, MEDICARE SUPPLEMENT
Name ROTH, FREDERICK WILLIAM
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF
RISK OFFICER
Name SCHRAUDENBACH, LEAH
SONNENSCHNEIN
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, MEDICARE
DIVISIONAL LEADER
Name TUFTO, DANIEL ANDREW
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202