

**2016 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 VICE PRESIDENT  
Name ROBINSON, HANK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND SECRETARY  
Name LENAHAN, JOAN O  
Address 500 W. MAIN  
City-State-Zip: LOUISVILLE KY 40202

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

Title TREASURER  
Name BAILEY, ALAN  
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 DIRECTOR, SENIOR VICE PRESIDENT AND CFO  
Name KANE, BRIAN  
Address 500 W MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

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

Title DIRECTOR, PRESIDENT  
Name BIERBOWER, ELIZABETH  
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:** HANK ROBINSON

**VICE PRESIDENT**

**04/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SEGMENT VICE PRESIDENT AND PRESIDENT,  
SMALL BUSINESS AND LARGE GROUP  
Name QUIRAM, TAMARA  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND APPOINTED ACTUARY  
Name CANINE, JONATHAN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF ACTUARY  
Name KAN, KENNY  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT - INVESTMENT MANAGEMENT  
Name PRESTON, WILLIAM MARK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name ZACHARIAS, TOD  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title ASSISTANT CORPORATE SECRETARY  
Name VENTURA , JOSEPH  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT  
Name ARNHOD, STEPHEN  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF  
COMPLIANCE OFFICER  
Name CATRON, JOHN GREGORY  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, GROUP SEGMENT  
LEADERSHIP  
Name MATZKE, MARK  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, GROUP SEGMENT  
Name REMMERS, RICHARD  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT AND CHIEF  
ACCOUNTING OFFICER  
Name ZIPPERLE, CYNTHIA  
Address 500 WEST MAIN STREET  
City-State-Zip: LOUISVILLE KY 40202