

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32333

FILED
May 01, 2017
Secretary of State
CC1317788125

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 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

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

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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 - TAX

05/01/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name MCCULLEY, STEVEN EDWARD
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