

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32333

FILED
Apr 30, 2018
Secretary of State
CC2417072977

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

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

Title DIRECTOR, SEGMENT PRESIDENT,
RETAIL
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 SENIOR VICE PRESIDENT,
EMPLOYER GROUP SPECIALITY
Name MATZKE, MARK M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title VICE PRESIDENT, INVESTMENTS
Name PRESTON, WILLIAM MARK
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

04/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title APPOINTED ACTUARY
Name MATEJA, SUSAN L
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF ACTUARY
Name OLSON, VANESSA M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title SENIOR VICE PRESIDENT, CHIEF ACCOUNTING OFFICER & CONTROLLER
Name ZIPPERLE, CYNTHIA H
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, CHIEF COMPLIANCE OFFICER
Name O'REILLY, SEAN J
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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