

1.) CORPORATION NAME:

HumanaDental Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

DUE DATE: **10/31/2011**

SCC ID NO: **F0373367**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 500 W MAIN

CITY/ST/ZIP: LOUISVILLE, KY 40202-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

OFFICER DIRECTOR

NAME: GERALD L GANONI
TITLE: PRESIDENT
ADDRESS: 1100 EMPLOYERS BLVD DRIVE
CITY/ST/ZIP/CO: GREEN BAY, WI 53444-

OFFICER DIRECTOR

NAME: GEORGE G BAUERNFEIND
TITLE: VICE PRESIDENT
ADDRESS: 500 W MAIN ST
CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-

OFFICER DIRECTOR

NAME: JAMES BLOEM
TITLE: SENIOR-VP/T
ADDRESS: 500 W MAIN ST
CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-

OFFICER DIRECTOR

NAME: JOAN O LENAHAN
TITLE: SECRETARY
ADDRESS: 500 W MAIN ST
CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-

OFFICER DIRECTOR

NAME: JAMES MURRAY
TITLE: DIRECTOR
ADDRESS: 500 W MAIN
CITY/ST/ZIP/CO: LOUISVILLE, KY 40202-

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ GEORGE G BAUERNFEIND</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>GEORGE G BAUERNFEIND, VICE PRESIDENT</u> PRINTED NAME AND CORPORATE TITLE	<u>10/3/2011</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.