	State of Rhode I Office of the Secreta		Fee: \$20.00	
	Division Of Business	Services		
	148 W. River St			
	Providence RI 0290			
HOPE	(401) 222-304	HU		
Foreign Non-Profit Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2022				
1. Corporate ID No. 001700359				
2. Name of Corporation <u>Kentucky Higher Education Student Loan Corporation</u>				
3. State of Incorporation				
State: <u>KY</u>				
ARTICLE III				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>522291</u>				
4. Principal Office Address				
No. and Street: <u>10180 LINN STATION ROAD</u> SUITE C200				
City or Town: LOUISVILL		rate: <u>KY</u> Zip: <u>40223</u> Co	ountry: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
<u>STUDENT LOAN SERVICING VIA PHONE CALLS EMAILS AND MAILINGS TO</u> BORROWERS WHO LIVE IN THE STATE OF RHODE ISLAND				
6. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed.				
Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country	
SECRETARY	HOLLY M. JOHNSON	SUITE C200 10180 LINN S	TATION ROAD	

LOUISVILLE, KY 40223 USA

CEO	DIANA BARBER	SUITE C200 10180 LINN STATION ROAD LOUISVILLE, KY 40223 USA	
CFO	DAVID CARLSEN	10180 LINN STATION ROAD, SUITE C200 LOUISVILLE, KY 40223 USA	
DIRECTOR	GARY COX	484 CHENAULT ROAD FRANKFORT, KY 40601 USA	
DIRECTOR	MICHAEL L. KECK	P.O. BOX 1348 SOMERSET, KY 42502 USA	
DIRECTOR	NEIL L. QUINLAN	2110 HIGH WICKHAM PL LOUISVILLE, KY 40245 USA	
DIRECTOR	OLIVIA DAVIS	448 LEWIS HARGETT CIRCLE, STE 280 LEXINGTON, KY 40503 USA	
DIRECTOR	RENE BROWN	11000 OPTUM CIRCLE EDEN PRAIRE, MN 55344 USA	
DIRECTOR	ROBERT KING	1024 CAPITAL CENTER DRIVE, STE 320 FRANKFORT, KY 40601 USA	
DIRECTOR	SHELLEY PARK	521 LANCASTER AVE RICHMOND, KY 40475 USA	
DIRECTOR	STEPHEN L. ZEITZ	286 N. HUBBARDS LANE LOUISVILLE, KY 40207 USA	
DIRECTOR	STEPHEN PRUITT	500 METRO ST FRANKFORT, KY 40601 USA	
DIRECTOR	TERESA TRIMBLE HALL	4434 S HIGHWAY 27 SOMERSET, KY 42501 USA	
DIRECTOR	WESLEY M. CORNETT	301 COLLEGE STREET SOMERSET, KY 42501 USA	
DIRECTOR	WILLIAM LANDRUM III	702 CAPITOL AVE FRANKFORT, KY 40601 USA	
DIRECTOR	CHARLES VINSON	10180 LINN STATION ROAD, SUITE C200 LOUISVILLE, KY 40223 USA	
DIRECTOR	ALLISON BALL	SUITE 100 1050 US HWY 127 SOUTH FRANKFORT, KY 40601 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of May, 2022 at 10:33:32 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>HOLLY M. JOHNSON</u> Signature of Authorized Per

Signature of Authorized Person

Form No. 631

Revised 09/07

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