

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002020

Entity Name: DENTEGRA INSURANCE COMPANY**Current Principal Place of Business:**560 MISSION ST, SUITE 1300
SAN FRANCISCO, CA 94105**Current Mailing Address:**560 MISSION ST, SUITE 1300
SAN FRANCISCO, CA 94105 US**FEI Number: 75-1233841****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 SECRETARY, DIRECTOR, EVP, CLO
Name HANKINSON, MICHAEL G. ESQ.
Address 560 MISSION ST, SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title CHAIR, PRESIDENT, CEO, DIRECTOR
Name CASTRO, MICHAEL J
Address 560 MISSION ST, SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, EVP, CHIEF GROWTH OFFICER
Name JACKSON, KEVIN L
Address 560 MISSION ST, SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, EVP, CFO
Name WEBER, ALICIA F.
Address 560 MISSION ST, SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, EVP, CHIEF PEOPLE OFFICER
Name CHAVARRIA, SARAH M
Address 560 MISSION ST, SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title EVP, CFO
Name WEBER, ALICIA F.
Address 560 MISSION ST, SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title EVP, CHIEF INFORMATION OFFICER
Name GAREN, KIRSTEN E
Address 560 MISSION ST, SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

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: MICHAEL G HANKINSON**SECRETARY, EVP/CLO****04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date