FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 835607

(3)

DELTA DENTAL INSURANCE COMPANY

FILED Mar 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				F CERTAL SEIER EILST STELL BREIT LOBE BIRT BIRT BIRT BIRT BIRT BIRT BIRT BIRT	
100 FIRST STREET SAN FRANCISCO CA 94105 100 FIRST STREET SAN FRANCISCO CA 94105					DO NOT WRITE IN THIS SPACE
					Date Incorporated or Qualified 12/17/1975
2. Principal Place of Business 2e. Mailing Address			· · · · · ·		4. FEI Number Applied For
21		26			94-2761537 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & Stat	e	Cily & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28 Ζιρ	Count	rv	Trust Fund Contribution
24	25	29	30	• •	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
SHEPARD, VANESSA				1 Name	
2301 MAITLAND CENTER PRKY SUITE 206			8	2 Street	Address (P.O. Box Number is Not Acceptable)
SU MA		8	3		
			8	4 City	■■ 85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed harrie of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) OATE					
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D COUNTY FOR P	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Olsen, erik d. 100 first street		1.2 NAMI		
STREET ADDRESS CITY-ST-ZIP	SAN FRANCISCO CA		•	ET ADDRESS	
TITLE	D	☐ DELETÉ	1.4 CITY- 2.1 TITLE		☐ Change ☐ Addition
NAME	GRIBBEN, PATRICK PETER		2.2 NAMI		
STREET ADDRESS	4100 OKEMOS RD		2.3 STRE	ET ADDRESS	
CITY+ST-ZIP	OKEMOS MI		2. 4 CITY		
TITLE	d Bernardi, Kenneth e	☐ DELETE	3.1 TITLE		Change Addition
NAME Street address	100 FIRST STREET		3.2 NAME	: Et address	
CITY-ST-ZIP	SAN FRANCISCO CA 94105		3.4. CITY	i	
THILE	P	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELLIOTT, ROBERT B		4. 2 NAM	£	
STREET ADDRESS	100 FIRST STREET		4.3 STREE	ET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94105		4.4 CITY		
TITLE	CORDEIRO, DENNIS	☐ DELETE	5.1 TITLE		Assistant Treasurer k☐ Change ☐ Addition
NAME	100 FIRST ST.		5.2 NAME		
STREET ADDRESS	SAN FRANCISCO CA			T ADDRESS .	
CITY-ST-ZIP TITLE	WHITE THE PERSON OF THE PERSON	DELETE	5.4 CITY- 6.1 TITLE		Stephen White Change Addition
NAME	SEMLER, JACK D	₩	6.2 NAME	J	Stephen wille
STREET ADDRESS	211 E CHICAGO AVE.			T ADDRESS	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and acceptate and that my 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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