

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90142 041 ***158.75

DOCUMENT # 835607

1. Corporation Name

DELTA DENTAL INSURANCE COMPANY

Principal Place of Business

100 FIRST STREET
SAN FRANCISCO CA 94105

Mailing Address

100 FIRST STREET
SAN FRANCISCO CA 94105

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1975

4. FEI Number

94-2761537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

SHEPARD, VANESSA
2301 MATLAND CENTER PRKY
SUITE 206
MATLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME OLSEN, ERIK D.
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA

TITLE D ☐ DELETE
NAME GRIBBEN, PATRICK PETER
STREET ADDRESS 4100 OKEMOS RD
CITY-ST-ZIP OKEMOS MI

TITLE D ☐ DELETE
NAME BERNARDI, KENNETH E
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE P ☐ DELETE
NAME ELLIOTT, ROBERT B
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE AT ☐ DELETE
NAME CORDEIRO, DENNIS
STREET ADDRESS 100 FIRST ST.
CITY-ST-ZIP SAN FRANCISCO CA

TITLE T ☐ DELETE
NAME WHITE, STEPHEN
STREET ADDRESS 211 E CHICAGO AVE.
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Russell, Elizabeth M.
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 supplemental annual report is true and accurate 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 report 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, with all other like empowered.

SIGNATURE:

Dennis Cordeiro, Assistant Treasurer

4/6/99

415-972-8353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #