

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90086 016 ***158.75

0616367 AT

DOCUMENT # 835607

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-2761537

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SHEPARD, VANESSA
 2301 MAITLAND CENTER PRKY
 SUITE 206
 MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, ERIK D. 100 FIRST STREET SAN FRANCISCO CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIBBEN, PATRICK PETER 4100 OKEMOS RD OKEMOS MI 48864	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARDI, KENNETH E 100 FIRST STREET SAN FRANCISCO CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIOTT, ROBERT B 100 FIRST STREET SAN FRANCISCO CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CORDEIRO, DENNIS 100 FIRST ST. SAN FRANCISCO CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUSSELL, ELIZABETH 100 FIRST STREET SAN FRANCISCO CA 94105	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an appointment with an address, with all other like empowered.

SIGNATURE:

Dennis Cordeiro, Assistant Treasurer

1/21/2002

(415) 972-8353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)



Delta Dental Insurance Company

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835607

DELTA DENTAL INSURANCE COMPANY

100 FIRST STREET

SAN FRANCISCO, CA 94105

Attachments

Doc# 835607

816385

100 First Street

San Francisco

California 94105

(415) 972-8400

OFFICERS AND DIRECTORS

TITLE	S
NAME	SEITZ, CHARLES R
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	V
NAME	ARACICH, RUSSELL L
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	V
NAME	REEVES, DEBBIE
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	V
NAME	BARTH, ANTHONY S
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	V
NAME	TOON, THOMAS L
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	V
NAME	BUDD, ROBERT P
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	D
NAME	FLESZAR, THOMAS J
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	D
NAME	MYLIUS, FREDERICK G
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

TITLE	D
NAME	DENNISON, ROBERT E
STREET ADDRESS	100 FIRST STREET
CITY-ST-ZIP	SAN FRANCISCO CA 94105

Attachment
Doc # 835607

OFFICERS AND DIRECTORS (CONTINUED)

816385

TITLE D
NAME MCQUIGGAN, WILLIAM B
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME HILLIARD, ROY M
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME WARD, WILLIAM
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME RADINE, GARY D
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME WHITE, STEPHEN E
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME GARRISON, JAMES S
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME SEITZ, CHARLES R
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME VOLK, KIM E
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME WHELAN, MARTIN F
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

*** PLEASE NOTE: THESE ARE THE NAMES OF OFFICERS AND DIRECTORS IN ADDITION TO THE ONES LISTED IN BLOCK 11 OF THE FORM.**