## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 25, 2004 8:00 am Secretary of State **DOCUMENT # 835607** 1. Entity Name 03-25-2004 90023 049 \*\*\*158.75 DELTA DENTAL INSURANCE COMPANY Principal Place of Business Mailing Address 100 FIRST STREET SAN FRANCISCO CA 94105 100 FIRST STREET SAN FRANCISCO CA 94105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 94-2761537 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent .Name ARACICH, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 258 SOUTH HALL AVE SUITE 350 MAITLAND FL 32751 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE **▼** Addition ☐ Change Director NAME OLSEN, ERIK D. NAME Gary D. Radine 100 FIRST STREET STREET ADDRESS STREET ADDRESS 100 First Street SAN FRANCISCO CA 94105 CITY-ST-ZIP CITY-ST-ZIP San Francisco, CA 94105 TITLE Delete Vice President TITLE XX Change ☐ Addition NAME BERNARDI, KENNETH E NAME STREET ADDRESS 100 FIRST STREET STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94105 CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME ELLIOTT, ROBERT B NAME STREET ADDRESS 100 FIRST STREET STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94105 CITY-ST-ZIP TITLE AΤ Delete Change ☐ Addition CORDEIRO, DENNIS NAME NAME 100 FIRST ST. STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94105 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition RUSSELL, ELIZABETH NAME NAME 100 FIRST STREET STREET ADDRESS STREET ADDRESS SAN FRANCISCO CA 94105 CITY-ST-ZIP C+TY-ST-ZIP TITLE ☐ Delete Addition TITLE Change NAME NAME Lowell Glenn DAun STREET ADDRESS STREET ADDRESS 11155 Unternational Drive CITY-ST-ZIP CITY-ST-7IP Rancho Cordova, CA 95670

**FILED** 

Charles Lamont, Asst. Secretary (415) 972-8447 trailes! GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

attachment

DELTA DENTAL INSURANCE COMPANY
OFFICERS

2003-2004

## **Directors**

Gary D. Radine, Chairman

Anthony S. Barth, Vice Chairman

Elizabeth M. Russell, Secretary/Treasurer

## **Appointed Officers**

Robert B. Elliott, President

Belinda Martinez, SVP/Chief Operating Officer
Russell L. Aracich, Vice President

Marilynn G. Belek, D.M.D., Vice President
Robert P. Budd, Vice President
Lowell G. Daun, D.D.S., Vice President
Paul Lambert, Vice President
Michael B. Kaufmann, Vice President
William B. McQuiggan, Vice President
Debra J. Reeves, Vice President
Charles Lamont, Assistant Secretary
Michael J. Castro, Assistant Treasurer
Dennis Cordeiro, Assistant Treasurer
Clare, Chapman, Storey & Bowen, Auditors
Barthus Prien, Actuary