


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90148 014 \*\*\*158.75

<b>DOCUMENT # 835607</b> 1. Entity Name <b>DELTA DENTAL INSURANCE COMPANY</b>					
Principal Place of Business <b>100 FIRST STREET SAN FRANCISCO, CA 94105</b>			Mailing Address <b>100 FIRST STREET SAN FRANCISCO, CA 94105</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ARACICH, RUSSELL 258 SOUTH HALL AVE SUITE 350 MAITLAND, FL 32751</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D RADINE, GARY D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	100 FIRST STREET		NAME		
STREET ADDRESS	SAN FRANCISCO, CA 94105		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERNARDI, KENNETH E		NAME		
STREET ADDRESS	100 FIRST STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLIOTT, ROBERT B		NAME		
STREET ADDRESS	100 FIRST STREET		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	AT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORDEIRO, DENNIS		NAME		
STREET ADDRESS	100 FIRST ST.		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUSSELL, ELIZABETH		NAME	<b>Treasurer</b>	
STREET ADDRESS	100 FIRST STREET		STREET ADDRESS	<b>Michael James Castro</b>	
CITY-ST-ZIP	SAN FRANCISCO, CA 94105		CITY-ST-ZIP	<b>100 First Street San Francisco, CA 94105</b>	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAUN, LOWELL GLENN		NAME		
STREET ADDRESS	11155 INTERNATIONAL DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RANCHO CORDOVA, CA 95670		CITY-ST-ZIP		
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.					
<b>SIGNATURE: <i>Charles Lamont</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Charles Lamont, Assistant Secretary</b> <small>Date</small>		
			<b>415.972.8447</b> <small>Daytime Phone #</small>		