2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2011
Secretary of State

DOCUMENT# 835607

Entity Name: DELTA DENTAL INSURANCE COMPANY

Current Principal Place of Business:

1130 SANCTUARY PARKWAY
SUITE 600
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

100 FIRST STREET
MS 15L
SAN FRANCISCO, CA 94105

New Mailing Address:

FEI Number: 94-2761537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARACICH, RUSSELL
258 SOUTH HALL AVE
SUITE 350
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: RADINE, GARY D
Address: 100 FIRST STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: S, D
Name: LAMONT, CHARLES
Address: 100 FIRST STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: P
Name: BARTH, ANTHONY S
Address: 100 FIRST STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D
Name: JACKSON, KEVIN L
Address: 100 FIRST ST.
City-St-Zip: SAN FRANCISCO, CA 94105

Title: T, D
Name: CASTRO, MICHAEL J
Address: 100 FIRST STREET
City-St-Zip: SAN FRANCISCO, CA 94105

Title: D
Name: STEELE, PATRICK S
Address: 100 FIRST STREET
City-St-Zip: SAN FRANCISCO, CA 94105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES LAMONT S 01/20/2011

Electronic Signature of Signing Officer or Director — Date