

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90162 032 ***158.75

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **RUSSELL ARACICH**

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

SUITE 350

City **MAITLAND**

FL

Zip Code **32751**

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

Russell Aracich

2-3-03

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **OLSEN, ERIK D.**
STREET ADDRESS **100 FIRST STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AT** ☐ Delete
NAME **CORDEIRO, DENNIS**
STREET ADDRESS **100 FIRST ST.**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **RUSSELL, ELIZABETH**
STREET ADDRESS **100 FIRST STREET**
CITY-ST-ZIP **SAN FRANCISCO CA 94105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Dennis Cordeiro **REQUIRED**

1-17-03

(415) 972-8353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT TREASURER

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

835607

**2003 UNIFORM BUSINESS REPORT (UBR)
DOCUMENT # 835607
DELTA DENTAL INSURANCE COMPANY
100 FIRST STREET
SAN FRANCISCO, CA 94105**

OFFICERS AND DIRECTORS

80024218

TITLE S
NAME McQUIGGAN, WILLIAM B
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 DAUN, LOWELL
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 V
NAME HILLIARD, ROY M
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 BURGOS, RAFAEL
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

Attachment

#835607

86624218

OFFICERS AND DIRECTORS (CONTINUED)

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

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 DWYER, JAMES P
STREET ADDRESS 100 FIRST STREET
CITY-ST-ZIP SAN FRANCISCO CA 94105

TITLE D
NAME BARTH, ANTHONY S
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

Attachment

#835607

*** PLEASE NOTE: THESE ARE THE NAMES OF OFFICERS AND DIRECTORS IN ADDITION TO THE ONES LISTED IN BLOCK 10 OF THE UBR, DOCUMENT 835607, for 2003.**

835607