


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F96000002020 1. Entity Name DENTEGRA INSURANCE COMPANY						FILED 05 OCT 25 AM 9:46 REINSTATEMENT T. Roberts OCT 20 2005	
Principal Place of Business 100 FIRST STREET MS 15L SAN FRANCISCO, CA 94105				Mailing Address 100 FIRST STREET MS 15L SAN FRANCISCO, CA 94105			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation FL Zip Code 33324			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADINE, GARY D <input type="checkbox"/> Delete 100 FIRST STREET SAN FRANCISCO, CA 94105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELLIOTT, ROBERT B <input checked="" type="checkbox"/> Delete 100 FIRST STREET SAN FRANCISCO, CA 94105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Lowell G. Daun, DDS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11155 International Drive Rancho Cordova, CA 95670		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCQUIGGAN, WILLIAM B <input checked="" type="checkbox"/> Delete ONE DELTA DRIVE MECHANICSBURG, PA 17055			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Anthony S. Barth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 First Street San Francisco, CA 94105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSELL, ELIZABETH M <input checked="" type="checkbox"/> Delete 100 FIRST STREET SAN FRANCISCO, CA 94105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Michael J. Castro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 First Street San Francisco, CA 94105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAFTER, SHARON L <input checked="" type="checkbox"/> Delete 100 FIRST STREET SAN FRANCISCO, CA 94105			TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Charles Lamont, Esq. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 100 First Street San Francisco, CA 94105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CORDEIRO, DENNIS <input type="checkbox"/> Delete 100 FIRST STREET SAN FRANCISCO, CA 94105			400060917514 10/25/05--01031--010 **158.75			
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: <u>Charles Lamont</u> Charles Lamont 415.972.8447 10/19/2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							