


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 015 ****70.00

DOCUMENT # F98000002632

1. Entity Name
DELTA DENTAL OF CALIFORNIA, CORPORATION



Principal Place of Business
 100 FIRST ST., MS 15L
 SAN FRANCISCO, CA 94105

Mailing Address
 100 FIRST ST., MS 15L
 SAN FRANCISCO, CA 94105

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40025112



01252006 Chg-NP CR2E037 (11/05)

4. FEI Number
 94-1461312

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RADINE, GARY D 100 FIRST ST., MS 15L SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTH, ANTHONY S 100 FIRST STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKER, ROBERT G ESQ 100 FIRST STREET SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAUN, LOWELL G D.D.S. 7667 FOLSON BLVD. SACRAMENTO, CA 95826	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLCOMBE, JERRY R 100 FIRST ST., MS 15L SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CASTRO, MICHAEL J 100 FIRST ST., MS 15L SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BARTH, ANTHONY S 100 FIRST STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BECKER, ROBERT G ESQ 100 FIRST STREET SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President Marilynn G. Belek 100 First Street San Francisco, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Patrick S. Steele 100 First Street San Francisco, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: _____ **Robert G. Becker, EVP/CLO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40025112

www.deltadentalca.org

#F98000002632

February 24, 2006

State of Florida
Division of Corporations
Tallahassee, FL 32302-1500

Re: Delta Dental of California
2006 Annual Report

To Whom It May Concern:

Delta Dental of California's 2006 Annual Report is enclosed. Also enclosed is Delta's check #2030597 to cover the \$61.25 filing fee in addition to the \$8.75 fee for a certificate of status.

Please contact the undersigned with questions or comments regarding this submission.
Thank you.

Cordially,

Debra R. Chamblee
Assistant to EVP/Chief Legal Officer
415. 972. 8494
415. 972. 8483 FAX
dchamblee@delta.org

Enclosure

Delta Dental of California
Headquarters Office:
100 First Street
San Francisco, CA 94105
Telephone: 415-972-8300

Southern California
Sales/Customer Service:
P.O. Box 3370
Cerritos, CA 90703
12898 Towne Center Drive
Cerritos, CA 90703
Telephone: 562-403-4040

Commercial Programs
Claims Processing/
Customer Service:
P.O. Box 997330
Sacramento, CA 95899-7330

Offices in:
Cerritos, Fresno,
Rancho Cordova,
San Diego and
San Francisco

