

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26577

FILED
Apr 10, 2012
Secretary of State

Entity Name: SAFEGUARD HEALTH PLANS, INC.

Current Principal Place of Business:

1095 AVENUE OF THE AMERICAS
NEW YORK, NY 10036 US

New Principal Place of Business:

Current Mailing Address:

1095 AVENUE OF THE AMERICAS
TAX DEPARTMENT - MSC-15017
NEW YORK, NY 10036 US

New Mailing Address:

FEI Number: 65-0073323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: SCHWARTZ, MICHAEL H
Address: 501 ROUTE 22
City-St-Zip: BRIDGEWATER, NJ 088072441 US

Title: AVP
Name: WERSCHING, PATRICIA M
Address: 13045 TESSON FERRY ROAD
City-St-Zip: ST. LOUIS, MO 63128 US

Title: S
Name: TORRES, ISAAC
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: T
Name: DEBEL, MARLENE B
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: AVP
Name: ZDEB, JOSEPH A
Address: 1095 AVENUE OF THE AMERICAS
City-St-Zip: NEW YORK, NY 10036 US

Title: CFO
Name: GATES, DENNIS L
Address: 95 ENTERPRISE, SUITE 200
City-St-Zip: ALISO VIEJO, CA 92656 US

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: JOSEPH A. ZDEB

AVP

04/10/2012

Electronic Signature of Signing Officer or Director

Date