

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23640 (6)

1. Corporation Name
UNITED DENTAL CARE INSURANCE COMPANY



Principal Place of Business
14755 PRESTON RD
SUITE 300
DALLAS TX 75240
US

Mailing Address
14755 PRESTON RD
SUITE 300
DALLAS TX 75240-7882
US

2. Principal Place of Business
21 13601 Preston Road
Suite, Apt. #, etc.
22 Suite 500 East
City & State
23 Dallas, Texas
Zip
24 75240
Country
25 USA

2a. Mailing Address
26 13601 Preston Road
Suite, Apt. #, etc.
27 Suite 500 East
City & State
28 Dallas, Texas
Zip
29 75240
Country
30 USA

3. Date Incorporated or Qualified
03/29/1989

3a. Date of Last Report
03/27/1996

4. FEI Number
86-0538651

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32339-0300

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE D NAME KINGSTON, JAMES B STREET ADDRESS 14755 PRESTON RD #300 CITY-ST-ZIP DALLAS TX | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE D 1.2 NAME William H. Wilcox 1.3 STREET ADDRESS 13601 Preston Road, Suite 500 East 1.4 CITY-ST-ZIP Dallas, Texas 75240 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE PD NAME PAPE, MARK E STREET ADDRESS 14755 PRESTON RD #300 CITY-ST-ZIP DALLAS TX | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 13601 Preston Road, Suite 500 East 2.4 CITY-ST-ZIP Dallas, Texas 75240 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VD NAME BARNETT, PETER R STREET ADDRESS 14755 PRESTON RD #300 CITY-ST-ZIP DALLAS TX | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 13601 Preston Road, Suite 500 East 3.4 CITY-ST-ZIP Dallas, Texas 75240 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VSTD NAME YOUNG, MICHAEL WADE STREET ADDRESS 14755 PRESTON RD #300 CITY-ST-ZIP DALLAS TX | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 13601 Preston Road, Suite 500 East 4.4 CITY-ST-ZIP Dallas, Texas 75240 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE D NAME CLISSOLD, RICHARD A STREET ADDRESS 14755 PRESTON RD #300 CITY-ST-ZIP DALLAS TX | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 13601 Preston Road, Suite 500 East 5.4 CITY-ST-ZIP Dallas, Texas 75240 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Mark E. Pape

Mark E. Pape

(972) 458-7474

4/18/97

CR2E034 (9/96)