2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004
Secretary of State

DOCUMENT# P23640

Entity Name: UNITED DENTAL CARE INSURANCE COMPANY

Current Principal Place of Business:

2323 GRAND BLVD
KANSAS CITY, MO 641082670 US

New Principal Place of Business:

Current Mailing Address:

P.O BOX 419052
KANSAS CITY, MO 641416052 US

New Mailing Address:

FEI Number: 86-0538651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: PENINGER, MICHAEL J
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: PD ( ) Delete
Name: JOHNSON, BRADLEY C
Address: 6600 FRANCE AVE SOUTH STE 300
City-St-Zip: MINNEAPOLIS, MN 55435

Title: VPTD ( ) Delete
Name: CHADEE, FLOYD F
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: SD ( ) Delete
Name: BOWEN, KENNETH D
Address: 2323 GRAND BLVD
City-St-Zip: KANSAS CITY, MO 64108

Title: AD ( ) Delete
Name: BOSWORTH, JULIE M
Address: 2323 GRAND BOULEVARD
City-St-Zip: KANSAS CITY, MO 641082670

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: GALGINAITIS, DANNY J
Address: 501 W. MICHIGAN STREET
City-St-Zip: MILWAUKEE, WI 53203

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KENNETH D. BOWEN SD 03/11/2004

Electronic Signature of Signing Officer or Director — Date

GARY L. LAU, VICE PRESIDENT
501 W. MICHIGAN STREET
MILWAUKEE, WI 53203