

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23640

FILED  
Apr 25, 2005  
Secretary of State

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: CEO ( ) 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: V ( ) Delete  
Name: GALGINAITIS, DANNY J  
Address: 501 W. MICHIGAN STREET  
City-St-Zip: MILWAUKEE, WI 53203

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILLER, MICHAEL R  
Address: 2323 GRAND BOULEVARD  
City-St-Zip: KANSAS CITY, MO 641082670 US

Title: SD (X) Change ( ) Addition  
Name: BOLDEN, TIMOTHY H  
Address: 2323 GRAND BOULEVARD  
City-St-Zip: KANSAS CITY, MO 641082670 US

Title: VPT (X) Change ( ) Addition  
Name: CHADEE, FLOYD F  
Address: 2323 GRAND BOULEVARD  
City-St-Zip: KANSAS CITY, MO 641082670 US

Title: D (X) Change ( ) Addition  
Name: BARRETT, JAMES V DMD  
Address: 3595 GRANDVIEW PARKWAY, SUITE 150  
City-St-Zip: BIRMINGHAM, AL 352431935 US

Title: A (X) Change ( ) Addition  
Name: BOSWORTH, JULIE M  
Address: 2323 GRAND BOULEVARD  
City-St-Zip: KANSAS CITY, MO 641082670 US

Title: D (X) Change ( ) Addition  
Name: GIMARELLI, JAMES R JR  
Address: 2323 GRAND BOULEVARD  
City-St-Zip: KANSAS CITY, MO 641082670 US

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: TIMOTHY H BOLDEN

SD

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date