

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90124 014 ***150.00

DOCUMENT # P26581 1. Entity Name UNITED CONCORDIA INSURANCE COMPANY	
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Principal Place of Business 4401 DEER PATH ROAD HARRISBURG, PA 17110 US	Mailing Address 4401 DEER PATH ROAD HARRISBURG, PA 17110 US
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24045306



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03022004 Chg-P CR2E034 (10/03)

4. FEI Number 86-0307623	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DZURYACHKO, THOMAS A.	NAME	
STREET ADDRESS	4401 DEER PATH RD	STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17110	CITY-ST-ZIP	
TITLE	VT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DANIEL J	NAME	
STREET ADDRESS	4401 DEER PATH RD	STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG, PA 17110	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☐ Change ☒ Addition
NAME	MASSINI, STEPHEN M	NAME	Vanerstrom, Todd B.
STREET ADDRESS	1800 CENTER STREET	STREET ADDRESS	120 5th Avenue Place
CITY-ST-ZIP	CAMP HILL, PA 17089	CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KLINE, KANETTE P	NAME	DeLunk, Nanette P.
STREET ADDRESS	120 FIFTH AVENUE PLACE	STREET ADDRESS	120 5th Avenue Place
CITY-ST-ZIP	PITTSBURGH, PA 15222	CITY-ST-ZIP	Pittsburgh, PA 15222
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KLEINBERG, NATHAN C	NAME	
STREET ADDRESS	2198 EAST CAMELBACK RD., SUITE 260	STREET ADDRESS	
CITY-ST-ZIP	PHOENIX, AZ 85016	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FROH, WALTER F.	NAME	
STREET ADDRESS	100 SENATE AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CAMP HILL, PA 17011	CITY-ST-ZIP	

12. I 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 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 607, 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: *Daniel J. Wright* **Daniel J. Wright, Treasurer, VP & Controller, 717-260-7182**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-15-04 Daytime Phone # _____

UNITED CONCORDIA
America's Premier Dental Insurer

Attachment
24045387

D26581

Additional Officers of United Concordia Insurance Company:

Secretary

Richard J. Enterline, Esq.
1800 Center Street
Camp Hill, PA 17089

Assistant Treasurer

Timothy D. Billow
4401 Deer Path Road
Harrisburg, PA 17110