

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 835607

**Entity Name:** DELTA DENTAL INSURANCE COMPANY**Current Principal Place of Business:**1130 SANCTUARY PARKWAY  
SUITE 600  
ALPHARETTA, GA 30009**Current Mailing Address:**100 FIRST STREET  
MS 15L  
SAN FRANCISCO, CA 94105**FEI Number:** 94-2761537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARACICH, RUSSELL  
258 SOUTH HALL AVE  
SUITE 350  
MAITLAND, FL 32751 US*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**Officer/Director Detail :**

Title	SECRETARY, DIRECTOR
Name	HANKINSON, MICHAEL G
Address	100 FIRST STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	CHAIRMAN, DIRECTOR
Name	BARTH, ANTHONY S
Address	100 FIRST STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR
Name	JACKSON, KEVIN L
Address	100 FIRST ST.
City-State-Zip:	SAN FRANCISCO CA 94105

Title	TREASURER, DIRECTOR
Name	CASTRO, MICHAEL J
Address	100 FIRST STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	DIRECTOR
Name	PATEL, NILESH C
Address	100 FIRST STREET
City-State-Zip:	SAN FRANCISCO CA 94105

Title	PRESIDENT
Name	MARTINEZ, BELINDA
Address	100 FIRST STREET
City-State-Zip:	SAN FRANCISCO CA 94105

*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:** MICHAEL G. HANKINSON**SECRETARY****01/27/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date