## **2022 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

**DOCUMENT# 835607** 

**Entity Name: DELTA DENTAL INSURANCE COMPANY** 

Littly Name. DELTA DENTAL INSURANCE COMP

**Current Principal Place of Business:** 

560 MISSION ST SUITE 1300

SAN FRANCISCO, CA 94105

**Current Mailing Address:** 

560 MISSION ST SUITE 1300

SAN FRANCISCO, CA 94105 US

FEI Number: 94-2761537 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANKINSON, MICHAEL G. ESQ. 495 NORTH KELLER ROAD SUITE 155

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: MICHAEL G. HANKINSON 11/02/2022

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR, EVP, CHIEF LEGAL Title EVP

OFFICER, PRESIDENT

Name

JACKSON, KEVIN L

Name HANKINSON, MICHAEL G

Address 560 MISSION ST, SUITE 1300

City-State-Zip: SAN FRANCISCO CA 94105

City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, CHAIRMAN, CEO TITLE TREASURER, EVP, CFO, DIRECTOR

Name CASTRO, MICHAEL J WEBER, ALICIA F.

Address 560 MISSION ST, SUITE 1300

Address 560 MISSION ST, SUITE 1300

City-State-Zip: SAN FRANCISCO CA 94105

City-State-Zip: SAN FRANCISCO CA 94105

Title SECRETARY

Title DIRECTOR, EVP, PRESIDENT OF

DELTA DENTAL OF CALIFORNIA

Name

FEGLEY, ANDREA M

Name CHAVARRIA, SARAH M Address 560 MISSION ST, SUITE 1300

Address 560 MISSION ST, SUITE 1300 City-State-Zip: SAN FRANCISCO CA 94105

City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, EVP, CHIEF

INFORMATION AND PRODUCT

OFFICER

Name TITCOMBE, DOMINIC

Address 560 MISSION ST

**SUITE 1300** 

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: ANDREA FEGLEY SECRETARY 11/02/2022

FILED Nov 02, 2022

Secretary of State

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