

2017 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:**HANKINSON, MICHAEL G. ESQ.
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:** MICHAEL G. HANKINSON

01/10/2017

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**

01/10/2017

Electronic Signature of Signing Officer/Director Detail

Date