

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 835607

Entity Name: DELTA DENTAL INSURANCE COMPANY**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:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399 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 DIRECTOR, EVP, CHIEF LEGAL AND COMPLIANCE OFFICER, PRESIDENT
Name HANKINSON, MICHAEL G. ESQ.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, CHAIR, CEO
Name CHAVARRIA, SARAH M.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, EVP, CHIEF INFORMATION OFFICER
Name TITCOMBE, DOMINIC S.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title EVP & CHIEF MARKETING AND COMMUNICATIONS OFFICER
Name SCHROEDER, KURT G.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title TREASURER, EVP, CFO, DIRECTOR
Name WEBER, ALICIA F.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title SECRETARY
Name FEGLEY, ANDREA M. ESQ.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title DIRECTOR, EVP & CHIEF QUALITY OFFICER
Name MACGILVRAY, JENNIFER A.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title EVP & CHIEF PEOPLE OFFICER
Name SHERMAN, BRIAN D.
Address 560 MISSION ST
SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

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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 M. FEGLEY, ESQ.**SECRETARY****04/07/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title EVP & CHIEF OPERATIONS OFFICER
Name EARL, PARKER L. JR.
Address 560 MISSION ST
 SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105

Title EVP & CHIEF RELATIONSHIP AND
 BUSINESS DEVELOPMENT OFFICER
Name NAVID, MOHAMMADREZA
Address 560 MISSION ST
 SUITE 1300
City-State-Zip: SAN FRANCISCO CA 94105