2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2024
Secretary of State
7393231074CC

DOCUMENT# P26581

Entity Name: UNITED CONCORDIA INSURANCE COMPANY

Current Principal Place of Business:

1800 CENTER STREET
SUITE 2B 220
CAMP HILL, PA 17011

Current Mailing Address:

1800 CENTER STREET
SUITE 2B 220
CAMP HILL, PA 17011 US

FEI Number: 86-0307623

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST.
TALLAHASSEE, FL 32399-0000 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
Name	MATTER, DAVID MICHAEL
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	DIRECTOR
Name	ABRAMOWITZ, CRAIG STEVEN D.D.S.
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	DIRECTOR
Name	MARCHE, SARAH MARIE
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	DIRECTOR
Name	SHELLARD, EDWARD ROBERT D.M.D.
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	ASSISTANT SECRETARY
Name	SENCAK, JOHN LEE
Address	120 FIFTH AVENUE FIFTH AVENUE PLACE
City-State-Zip:	PITTSBURGH PA 15222-3099

Title	ASSISTANT TREASURER
Name	BILLOW, TIMOTHY D.
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	VP, CFO & TREASURER
Name	WRIGHT, DANIEL JOSEPH
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	PRESIDENT AND CHIEF EXECUTIVE OFFICER
Name	SHELLARD, EDWARD ROBERT D.M.D.
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Continues on page 2

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: TIMOTHY D. BILLOW ASSISTANT TREASURER 04/03/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	SECRETARY
Name	KAVANAUGH, THOMAS DEVLIN
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	CHAIRPERSON OF THE BOARD
Name	SHELLARD, EDWARD ROBERT D.M.D.
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011

Title	DIRECTOR
Name	RHENISH, MATTHEW JAMES
Address	1800 CENTER STREET SUITE 2B 220
City-State-Zip:	CAMP HILL PA 17011