

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26577

Entity Name: SAFEGUARD HEALTH PLANS, INC.

Current Principal Place of Business:

5 PARK PLAZA, SUITE 1900
IRVING, CA 92614

FILED
Apr 21, 2014
Secretary of State
CC7608073760

Current Mailing Address:

13045 TESSON FERRY RD.
TAX DEPARTMENT B1-06
ST. LOUIS, MO 63128 US

FEI Number: 65-0073323

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PD
Name HIRSCHBERG, ALAN S
Address 501 ROUTE 22
City-State-Zip: BRIDGEWATER NJ 08807-2441

Title AVP
Name WERSCHING, PATRICIA M
Address 13045 TESSON FERRY ROAD
City-State-Zip: ST. LOUIS MO 63128

Title S
Name REYNOLDS, TYLA
Address 600 NORTH KING STREET
City-State-Zip: WILMINGTON DE 19801

Title T
Name DEBEL, MARLENE B
Address 1095 AVENUE OF THE AMERICAS
City-State-Zip: NEW YORK NY 10036

Title CFO
Name GATES, DENNIS L
Address 95 ENTERPRISE, SUITE 200
City-State-Zip: ALISO VIEJO CA 92656

Title ASSISTANT TREASURER
Name KOEGER, JAMES W
Address 13045 TESSON FERRY RD., B1-06
City-State-Zip: ST. LOUIS MO 63128

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: JAMES W KOEGER

ASSISTANT TREASURER 04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date