

**2015 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, 2015**  
**Secretary of State**  
**CC0366216102**

**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

*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

VP - METLIFE

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date