

**2016 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**  
**Mar 29, 2016**  
**Secretary of State**  
**CC4432595416**

**Current Mailing Address:**

13045 TESSON FERRY ROAD  
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            PRESIDENT, DIRECTOR  
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            SECRETARY, VP  
Name            REYNOLDS, TYLA L  
Address        600 NORTH KING STREET  
City-State-Zip: WILMINGTON DE 19801

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

Title            DIRECTOR, SENIOR VICE PRESIDENT  
Name            CASSANDRA, FRANK  
Address        10 PARK AVENUE  
City-State-Zip: MORRISTOWN NJ 07962

Title            DIRECTOR, CHAIRMAN, SENIOR VICE  
                  PRESIDENT  
Name            REID, JAMES WALTMAN  
Address        501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807

Title            VP, METROPOLITAN LIFE INSURANCE  
                  COMPANY  
Name            KOEGER, JAMES W  
Address        13045 TESSON FERRY ROAD  
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

**VICE PRESIDENT,  
METROPOLITAN LIFE  
INSURANCE COMPANY**

**03/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date