

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K26577

**Entity Name:** SAFEGUARD HEALTH PLANS, INC.

**Current Principal Place of Business:**

5 PARK PLAZA, SUITE 1850  
IRVING, CA 92614

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC5071107368**

**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 SECRETARY, VP

Name REYNOLDS, TYLA L

Address 600 NORTH KING STREET

City-State-Zip: WILMINGTON DE 19801

Title DIRECTOR, SENIOR VICE PRESIDENT

Name CASSANDRA, FRANK

Address 501 ROUTE 22

City-State-Zip: BRIDGEWATER NJ 08807

Title VP, METROPOLITAN LIFE INSURANCE CO

Name KOEGER, JAMES W

Address 13045 TESSON FERRY ROAD

City-State-Zip: ST. LOUIS MO 63128

Title VP, CFO

Name CAVANAUGH, BRENDAN

Address 501 ROUTE 22

City-State-Zip: BRIDGEWATER NJ 08807

Title SENIOR VP, CHAIRMAN OF THE BOARD, DIRECTOR

Name PHELPS, HEATHER

Address 501 ROUTE 22

City-State-Zip: BRIDGEWATER NJ 08807

*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, METROPOLITAN LIFE 04/28/2017**  
**INSURANCE CO**

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

\_\_\_\_\_  
Date