

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K26577

Entity Name: SAFEGUARD HEALTH PLANS, INC.

FILED
Apr 27, 2021
Secretary of State
3568091566CC

Current Principal Place of Business:

5 PARK PLAZA
SUITE 1850
IRVINE, CA 92614

Current Mailing Address:

11330 OLIVE BLVD.,
TAX DEPT.6-B106
ST. LOUIS, MO 63141 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
Name BUFORD, KELLI
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title ASSISTANT VP
Name KLOTZBACH, MICHELLE
Address 11330 OLIVE BLVD.,
 TAX DEPT.6-B106
City-State-Zip: ST. LOUIS MO 63141

Title VP, CFO
Name CAVANAUGH, BRENDAN
Address 501 ROUTE 22
City-State-Zip: BRIDGEWATER NJ 08807

Title VP, TREASURER
Name CONNERY, CHUCK
Address ONE METLIFE WAY
City-State-Zip: WHIPPANY NJ 07981

Title ASST. SECRETARY
Name DONCOV, STEPHANIE
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title VP
Name MCCLAIN, AARON
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title VP
Name PIECHNIK, PAUL
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

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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: MICHELLE KLOTZBACH

ASST VP

04/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MOSER, JESSICA
Address 200 PARK AVENUE
City-State-Zip: NEW YORK NY 10166

Title DIRECTOR
Name WHITE, CHRISTEN
Address 501 ROUTE 22
City-State-Zip: BRIDGEWATER NJ 08807