

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K26577

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

**Current Principal Place of Business:**

5 PARK PLAZA  
SUITE 1850  
IRVINE, CA 92614

**FILED**  
**Apr 21, 2023**  
**Secretary of State**  
**3274096669CC**

**Current Mailing Address:**

11330 OLIVE BLVD  
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 SECRETARY  
Name BUFORD, KELLI  
Address 200 PARK AVENUE  
City-State-Zip: NEW YORK NY 10166

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

Title VP, DIRECTOR  
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 501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807

Title DIRECTOR, SR VP, CHAIRMAN  
Name BERTOLLOTTI-PHELPS, HEATHER  
Address 501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807

**Continues on page 2**

*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**

**VICE PRESIDENT**

**04/21/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT, DIRECTOR  
Name            SWANKER, CHRISTOPHER  
Address        501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807

Title            CFO  
Name            TOBIA, ANTHONY  
Address        501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807