

1.) CORPORATION NAME:

**DELTA DENTAL OF CALIFORNIA**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **5/31/2011**

SCC ID NO: **F1339755**

5.) STOCK INFORMATION

CLASS

AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 FIRST STREET  
MS 15L

CITY/ST/ZIP: SAN FRANCISCO, CA 94105-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GLEN F BERGERT  
TITLE: DIRECTOR  
ADDRESS: P.O. BOX 220  
CITY/ST/ZIP/CO: CAMP HILL, PA 17001-

OFFICER

DIRECTOR

NAME: D. DOUGLAS CASSAT, DDS  
TITLE: DIRECTOR  
ADDRESS: 10789 TIERRASANTA BLVD.  
SUITE 110  
CITY/ST/ZIP/CO: SAN DIEGO, CA 92124-

OFFICER

DIRECTOR

NAME: R. KENT FARNSWORTH, DDS  
TITLE: DIRECTOR  
ADDRESS: 3406 AMERICAN RIVER DRIVE  
CITY/ST/ZIP/CO: SACRAMENTO, CA 95864-

OFFICER

DIRECTOR

NAME: DEVANG M. GHANDHI, DDS  
TITLE: DIRECTOR  
ADDRESS: 2500 W. FLORENCE AVENUE  
CITY/ST/ZIP/CO: LOS ANGELES, CA 90043-

OFFICER

DIRECTOR

NAME: GREGORY D. KAPLAN, DDS  
TITLE: DIRECTOR  
ADDRESS: 3932 WILSHIRE BLVD.  
SUITE 100  
CITY/ST/ZIP/CO: LOS ANGELES, CA 90010-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN F. MCCANN DIRECTOR 1019 MCCAULEY ROAD DANVILLE, CA 94526-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RENUKA (BECKY) A. PATEL DIRECTOR 1600 WEST HILLSIDE BLVD. SAN MATEO, CA 94402-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD G POLANCO DIRECTOR 3701 GLENALBYN DRIVE LOS ANGELES, CA 90065-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JO BONITA RAINS DIRECTOR 562 PIONEER ROAD LAKE ARROWHEAD, CA 92352-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW J REID DIRECTOR 555 AIRPORT BLVD. SUITE 100 BURLINGAME, CA 94010-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CORAGENE I SAVIO, DDS DIRECTOR 3969 24TH STREET SAN FRANCISCO, CA 94114-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE J STRATIGOPOULOS, DDS DIRECTOR 4808 CLAIREMONT MESA BLVD. SAN DIEGO, CA 92117-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID S WALKER DIRECTOR 633 BATTERY STREET 2ND FLOOR SAN FRANCISCO, CA 94111-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS A ZIMMERMAN DIRECTOR 9349 BELVOIR AVENUE LA CRESCENTA, CA 91214-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE W VOSS DIRECTOR 26 MARIN VIEW AVENUE MILL VALLEY, CA 94941-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MICHAEL J. CASTRO TITLE: EVP/CFO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: CHARLES LAMONT TITLE: EVP/CLO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ANTHONY S. BARTH TITLE: EVP/COO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GARY D. RADINE TITLE: P/CEO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PATRICK S. STEELE TITLE: EVP/CIO ADDRESS: 100 FIRST STREET CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94105-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CHARLES LAMONT _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHARLES LAMONT, EVP/CLO _____ PRINTED NAME AND CORPORATE TITLE	4/14/2011 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		