

No. C 150566		Due no later than Aug 31, 2007 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. DENTAL BENEFIT PROVIDERS, INC. MARGARET LINDNER 6300 OLSON MEMORIAL HIGHWAY MN010-E151 GOLDEN VALLEY MN 55427 USA		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	ROBERT W OBERRENDER	9900 BREN RD E	MINNETONKA	MN	USA	55343	
PRESIDENT	PAUL H GULSTRAND	6300 OLSON MEMORIAL HIGHWAY	GOLDEN VALLEY	MN	USA	55427	
SECRETARY	TIMOTHY F RYAN	9900 BREN RD E	MINNETONKA	MN	USA	55343	
DIRECTOR	KYLE C STERN	LIBERTY 6, SUITE 200 6220 OLD DOBBIN LN	COLUMBIA	MD	USA	21045	
DIRECTOR	DAVID L SPARKMAN	9900 BREN RD E	MINNETONKA	MN	USA	55343	
DIRECTOR	JOHN A WAY	9900 BREN RD E	MINNETONKA	MN	USA	55343	
5. Organized Under the Laws of: DE C 150566		6. Annual Report must be signed.* Signature: Patrick Scallen Name (type or print): Patrick Scallen					
		Date: 07/11/2007 Title: Assisstant Secretary					
Processed 07/11/2007 * Electronically provided signatures are accepted as original signatures.							