

No. C 150566		Due no later than Aug 31, 2017 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. LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA MD 21045		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705		
				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
PRESIDENT	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
SECRETARY	J. LUNDGREN LEWIS-DAVID	6220 OLD DOBBIN LANE	COLUMBIA	MD	USA	21045
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST	MINNETONKA	MN	USA	55343
DIRECTOR	KENNETH MARK SHELDON	LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE	COLUMBIA	MD	USA	21045
DIRECTOR	ANDREW JOSEPH FABULA	6220 OLD DOBBIN LANE LIBERTY 6, SUITE 200	COLUMBIA	MD	USA	21045
DIRECTOR	DAVID IGNATIUS BAILEY	LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE	COLUMBIA	MD	USA	21045
5. Organized Under the Laws of: DE C 150566		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 07/06/2017 Title: POA				
Processed 07/06/2017		* Electronically provided signatures are accepted as original signatures.				