

No. C 150566		Due no later than Aug 31, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. DENTAL BENEFIT PROVIDERS, INC. LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA MD 21045 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				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	KARL JOHN OLSEN	185 ASYLUM STREET CITY PLACE I	HARTFORD	CT	USA	06103
SECRETARY	JENNIFER L. LEWIS-DAVID	SPECTERA, INC. ASSISTANT SECRE	TOWSON	MD	USA	21286
TREASURER	ROBERT WORTH OBERRENDER	1632 MYAMBY RD.	MINNETONKA	MN	USA	55343
DIRECTOR	PAUL BRIGGS HEBERT	9900 BREN ROAD EAST	WINDSOR	CT	USA	06095
5. Organized Under the Laws of: DE C 150566		6. Annual Report must be signed.* Signature: Mandeline Hendricks Name (type or print): Mandeline Hendricks Date: 07/19/2012 Title: Poa				
Processed 07/19/2012		* Electronically provided signatures are accepted as original signatures.				