

State of Idaho

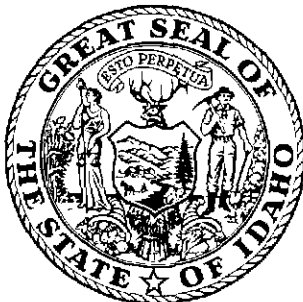
Office of the Secretary of State

**CERTIFICATE OF REGISTRATION
OF
DELTA DENTAL OF ILLINOIS
dba DELTA DENTAL OF ILLINOIS, INC
File Number C 216538**

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: January 22, 2018



Lawrence Denney
SECRETARY OF STATE

By _____

Spilkeed



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2018 JAN 22 AM 9:31

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Delta Dental of Illinois
2. The name which it shall use in Idaho is: Delta Dental of Illinois, Inc
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> General Partnership
<input checked="" type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> General Cooperative Association
<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Partnership (Including a limited liability limited partnership)
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Statutory Trust, Business Trust, or Common-law Business Trust
- ☐ Other: _____
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Illinois
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
111 Shuman Boulevard, Naperville IL 60563
(Street Address)

(Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:
111 Shuman Boulevard, Naperville IL 60563
(Street Address)

(Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
111 Shuman Boulevard, Naperville IL 60563
(Address)
8. Name and street address of registered agent in Idaho:
Dean L. Cameron 700 W State St. Fl 3, Boise, ID 83702
(Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Bernard Glossy</u>	<u>CEO</u>	<u>111 Shuman Boulevard, Naperville IL 60563</u>
(Name)	(Capacity)	(Address)
<u>Stacey K Bonn</u>	<u>COO</u>	<u>111 Shuman Boulevard, Naperville IL 60563</u>
(Name)	(Capacity)	(Address)

Typed Name: Stacey K Bonn

Signature: _____

Capacity: COO

Secretary of State use only

IDAHO SECRETARY OF STATE

01/24/2018 05:00

CK: 639637 CT: 351527 BH: 1622821
1@ 100.00 = 100.00 FOR REG ST #2

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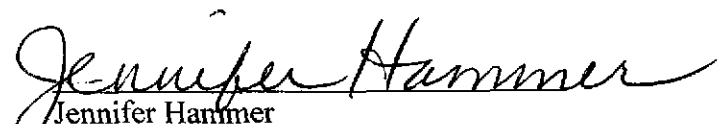


WHEREAS, the DELTA DENTAL OF ILLINOIS, located at NAPERVILLE, in the State of ILLINOIS, was incorporated pursuant to the provisions of the "DENTAL SERVICE PLAN ACT";

NOW THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby certify that the said Corporation is authorized to transact its appropriate business as set forth in the "DENTAL SERVICE PLAN ACT" in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE
OF THE STATE OF ILLINOIS

Date: December 20, 2017


Jennifer Hammer
Director of Insurance

