

No. C 155961 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Aug 31, 2007 Annual Report Form 1. Mailing Address: Correct in this box if needed. DELTA DENTAL PLAN OF MICHIGAN, INC. SHERRI A. ERICK COMPLIANCE REPRESENTATIVE PO BOX 30416 LANSING MI 48909 USA	2. Registered Agent and Address (NO PO BOX) C T CORPORATION SYSTEM 300 NORTH 6TH STREET 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
DIRECTOR	CHARLES RICHARD SEITZ	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	JOSEPH F RAINEY	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	TIMOTHY E MOFFIT	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	TERRI A MILLER	4100 OKEMOS RD	OKEMOS	MI	USA	48842
DIRECTOR	RORY GAMBLE	4100 OKEMOS RD	OKEMOS	MI	USA	48842
DIRECTOR	LISA A DANCOSK	4100 OKEMOS RD	OKEMOS	MI	USA	48842
PRESIDENT	THOMAS J FLESZAR, DDS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
SECRETARY	LU BATTAGLIERI	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	JACK H BAKER	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	JOHN A BREZA, DDS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	TERENCE R COMAR, DDS, MS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	TODD V ESTER DDS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	JAMES P HALLAN	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	JOSEPH C HARRIS, DDS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	BRUCE R SMITH	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	LAURA O STEARNS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	COLLEEN G VIENNA, DDS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	LONNY E ZIETZ, DDS, MS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	EDWARD J ZOBECK	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	BRUCE C BAIRD, DDS	4100 OKEMOS RD	OKEMOS	MI	USA	48864
DIRECTOR	PAT RICE	4100 OKEMOS RD	OKEMOS	MI	USA	48864
5. Organized Under the Laws of: MI C 155961						
6. Annual Report must be signed.* Signature: Thomas J Fleszar Dds Date: 08/20/2007 Name (type or print): Thomas J Fleszar Dds Title: President						
Processed 08/20/2007		* Electronically provided signatures are accepted as original signatures.				