

No. C 150566		Due no later than Aug 31, 2013		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. AAAAAAA LIBERTY 6, SUITE 200 6220 OLD DOBBIN LANE COLUMBIA MD 21045 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 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	6220 OLD DOBBIN LANE	COLUMBIA	MD	USA	21045	
DIRECTOR	PAUL BRIGGS HEBERT	100 NORTHFIELD DR FLOOR 1	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: 07/15/2013 Title: Poa					
Processed 07/15/2013		* Electronically provided signatures are accepted as original signatures.					