



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000134237

**2. Exact Name of the Limited Liability Company** DeCare Dental Health International, LLC

**3. State of Formation**

State: MN

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

ADMINISTRATION OF DENTAL BENEFIT PLANS

**5. Principal Office Address**

No. and Street: 3560 DELTA DENTAL DRIVE

City or Town: EAGAN

State: MN

Zip: 55122

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: JAMI J. MEISTER Contact Title: PARALEGAL

No. and Street: 120 MONUMENT CIRCLE

City or Town: INDIANAPOLIS

State: IN

Zip: 46204

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL F WALSH	3560 DELTA DENTAL DRIVE EAGAN, MN 55122- USA
MANAGER	DENNIS W CASEY	220 VIRGINIA AVENUE INDIANAPOLIS, IN 46204 IN
MANAGER	KATHLEEN S KIEFER	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA
MANAGER	R DAVID KRETSCHMER	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA
MANAGER	CATHERINE I KELAGHAN	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA
MANAGER	WAYNE DEVEYDT	120 MONUMENT CIRCLE INDIANAPOLIS, IN 46204 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 24 Day of October, 2011 at 4:02:03 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHLEEN S. KIEFER  
Signature of Authorized Person

Form No. 632  
Revised 09/07