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**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**NON-PROFIT CORPORATION**

**FICTITIOUS BUSINESS NAME STATEMENT**  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-6-11 of the General Laws, 1956, as amended, the undersigned non-profit corporation hereby submits the following statement for authority to transact its affairs in the State of Rhode Island under a fictitious business name:

1. The name of the non-profit corporation is Delta Dental Plan of Michigan, Inc.
2. The fictitious business name to be used is Renaissance Benefit Administrators
3. The state or other jurisdiction under the laws of which it is incorporated is Michigan
4. The date of incorporation is 10-19-1964

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: April 9, 2003

Delta Dental Plan of Michigan, Inc.  
Print Name of Applicant Non-Profit Corporation

By *Thomas J. Fleszar*  
Signature of Authorized Person

Thomas J. Fleszar, President & CEO  
Title

FILED  
JUN 11 2003  
By *JBH* 720359