



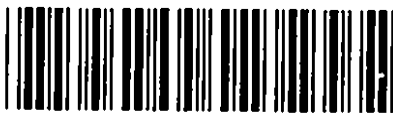
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109418		2. Name of Corporation GroupLink, Inc.			
3. Street Address Principal Business Office 6612 E 75th St Suite 200			City Indianapolis	State IN	Zip 46250
4. Business Phone No. 317-578-7128		5. State of Incorporation INDIANA			6. SIC Code 5702
7. Brief Description of the Character of Business Conducted in Rhode Island THIRD PARTY DENTAL CLAIMS ADMINISTRATION.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roger W. Skinner			Vice President Name Roger Brackett		
Street Address 5518 Hammock Glen Drive			Street Address 6713 E 19th St.		
City Indianapolis	State IN	Zip 46236	City Indianapolis	State IN	Zip 46219
Secretary Name Michael R. Kistler			Treasurer Name		
Street Address 8425 E 75th St			Street Address		
City Indianapolis	State IN	Zip 46256	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John M. Miller			Director Name Jamar D. Hammond		
Street Address 3307 Winston St			Street Address 3 Wagoner Place		
City Bloomington	State IN	Zip 47401	City Hilton Head	State SC	Zip 29928
Director Name Donald J. Miller			Director Name Frank B. Miller		
Street Address 1155 North Lake View Dr.			Street Address 39 Chamberlay Place		
City North Haven	State IN	Zip 47265	City Louisville	State KY	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE		1,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED 109418*

File Date: FEB 08 2005
Check No.: By: [Signature]
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/3/05
Print or Type Name of Officer: MICHAEL R. KISTLER
Title of Officer: Secretary



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109418		2. Name of Corporation GroupLink, Inc.		
3. Street Address Principal Business Office 6612 E 75th St. Suite 200		City INDIANAPOLIS	State INDIANA	Zip 46250
4. Business Phone No. 3175787128		5. State of Incorporation INDIANA		6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
THIRD PARTY DENTAL CLAIMS ADMINISTRATION.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Roger W. Skinner			Vice President Name Roger Brickett		
Street Address 5518 Hammock Glen Drive			Street Address 6713 E 19th St.		
City INDIANAPOLIS	State INDIANA	Zip 46236	City INDIANAPOLIS	State IN	Zip 46219
Secretary Name Michael R. Kistler			Treasurer Name		
Street Address 8425 E. 75th St.			Street Address		
City INDIANAPOLIS	State IN	Zip 46256	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name John M. Miller			Director Name James D. Hammond		
Street Address 3307 Winstun St.			Street Address 3 Wagoner Place		
City Bloomington	State IN	Zip 47401	City Hilton Head	State SC	Zip 29928
Director Name Donna J. Miller			Director Name Frank B. Miller		
Street Address 1155 North Lake View Dr.			Street Address 33 Chanhera Circle		
City North Vernon	State IN	Zip 47265	City Lexisville	State KY	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			1000	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 9 4 1 8 *

File Date: 1-30-04
Check No.: 19137
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Michael R. Kistler
Date: 2/17/04
Print or Type Name of Officer: Michael R. Kistler
Title of Officer: Vice President / Secretary

Officers and Directors of GroupLink, Inc. and their respective addresses:

Name/ Resident & Business Address Title/SS#) % Of Ownership
DIRECTORS:

Roger W. Skinner, CLU, RHU, REBC **President** **25%**
Resident:
5518 Hammock Glen Drive Took Office - May, 1995
Indianapolis, Indiana 46236

Business:
6612 E75th Street
Indianapolis, IN 46250

Michael R. Kistler **Secretary** **0%**
Vice President, Finance
8425 E. 75th Street
Indianapolis, IN 46256 Took Office - July, 2002

Business:
6612 E75th Street
Indianapolis, IN 46250

John M. Miller **Director** **18.75%**
Resident:
3307 Winston Street Took Office - May, 1995
Bloomington IN 47401

Business:
3150 South State Road #37
P.O. Box 3130
Bloomington, Indiana 47401

Donald J. Miller **Director** **18.75%**
Resident:
1155 North Lakeview Drive Took Office - May, 1995
North Vernon, IN 47265

Business:
1 Curry Drive
P.O. Box 217
North Vernon, Indiana 47265 Phone # - 1-800-283-5576

James D. Hammond
Resident:
3 Wagener Place
Hilton Head, SC 29928

Director **18.75%**

Took Office - May, 1995

Business:
19 Shelter Cove Lane.
Suite 200
Hilton Head, SC 29929-3541

Phone # - 843-686-4977
Fax # - 843-686-3405

Frank B Miller
Resident:
33 Chanberry Circle
Louisville, KY

Director **18.75%**

Took Office - May, 1995

Business:
University of Louisville
Department of Surgery
601 South Floyd #700
Louisville, KY 40202

OTHER OFFICERS:

Roger Brackett
Vice President, Operations
Resident:
6713 East 19th Street
Indianapolis, IN 46219

Took Office - November, 2001

Business:
6612 E75th Street
Indianapolis, IN 46250



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **109418** 2. Name of Corporation **GroupLink, Inc.**
3. Street Address Principal Business Office **6612 E 75th St, Suite 200** City **INDIANA POLIS** State **IN** Zip **46250**
4. Business Phone No. **317-578-7128** 5. State of Incorporation **INDIANA** 6. SIC Code **5102**

7. Brief Description of the Character of Business Conducted in Rhode Island
Third party insurance administrator

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Roger Skinner**
Street Address **5518 Hammock Glen Dr**
City **INDIANA POLIS** State **IN** Zip **46235**

Vice President Name
Street Address
City State Zip

Secretary Name **John Miller**
Street Address **3714 Ashburn Ct**
City **Bloomington** State **IN** Zip **47401**

Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Frank Miller**
Street Address **601 S Floyd Ave**
City **Louisville** State **KY** Zip **40202**

Director Name **James Hammond**
Street Address **3 Wagoner Pl**
City **Hilton Head** State **SC** Zip **29928**

Director Name **Don Miller**
Street Address **P.O. Box 217**
City **North Vernon** State **IN** Zip **47265**

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1000	Common, No par	1,200,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **3.3.03**

Check No.: **17936**

By: **100**

PREPARED BY RETTIG
BLANKMAN, MACK & SEALE, P.C.

E1 #35-1323817-8125637567 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael R. Kistler 2/28/03
Signature of Officer Date

MICHAEL R. KISTLER
Print or Type Name of Officer

Vice President
Title of Officer

GROUPLINK, INC.
6612 E. 75TH STREET
SUITE 200
INDIANAPOLIS IN 46250

**SECRETARY OF STATE
CORPORATIONS DIVISION
100 N MAIN ST
PROVIDENCE RI 02903-1335**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *109418*		2. Name of Corporation GroupLink, Inc.			
3. Street Address Principal Business Office 6612 E 75TH STREET, SUITE 200, HERITAGE PARK I			City INDIANAPOLIS	State IN	Zip 46250-
4. Business Phone No. 3175787128		5. State of Incorporation INDIANA		6. SIC Code 5944	
7. Brief Description of the Character of Business Conducted in Rhode Island THIRD PARTY DENTAL CLAIMS ADMINISTRATION.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roger W. Skinner			Vice President Name		
Street Address 5518 Hammock Glen Drive			Street Address		
City Indianapolis	State IN	Zip 46236	City	State	Zip
Secretary Name See Attached			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name See Attached			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE			1000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



109418 FBC1/15/03 18:52 PM

File Date 1-20-03

Check No 17795

By UP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Michael R. Kistler 1/20/03
Signature of Officer Date

MICHAEL R KISTLER
Print or Type Name of Officer

VICE PRESIDENT / SECRETARY
Title of Officer

Officers and Directors of GroupLink, Inc. and their respective addresses:

Name/ Resident & Business Address Title/SS#) % Of Ownership

DIRECTORS:

Roger W. Skinner, CLU, RHU, REBC President 25%

Resident:

5518 Hammock Glen Drive
Indianapolis, Indiana 46236

SS# - 303526620

Business:

6612 E75th Street
Indianapolis, IN 46250

Michael R. Kistler

Vice President, Finance

Resident:

8425 E. 75th Street
Indianapolis, IN 46256

Secretary(took office 7/02) 0%

SS# - 312-50-3976

Business:

6612 E75th Street
Indianapolis, IN 46250

John M. Miller

Resident:

3307 Winston Street
Bloomington IN 47401

Director

18.75%

Business:

3150 South State Road #37
P.O. Box 3130
Bloomington, Indiana 47401

SS# - 313500244

Donald J. Miller

Resident:

1155 North Lakeview Drive
North Vernon, IN 47265

Director

18.75%

Business:

1 Curry Drive
P.O. Box 217
North Vernon, Indiana 47265

SS# - 308460558

Phone # - 1-800-283-5576

James D. Hammond
Resident:
3 Wagener Place
Hilton Head, SC 29928

Director

18.75%

Business:
19 Shelter Cove Lane.
Suite 200
Hilton Head, SC 29929-3541

SS# - 316449029

Phone # - 843-686-4977
Fax # - 843-686-3405

Frank B Miller
Resident:
33 Chanberry Circle
Louisville, KY

Director

18.75%

Business:
University of Louisville
Department of Surgery
601 South Floyd #700
Louisville, KY 40202

SS# - 305-44-6095

OTHER OFFICERS:

Robert C. Tretter
Vice President, Sales and Marketing
Resident:
5247 Cheyenne Moon
Carmel, IN 46033

SS# - 308-66-9140

Business:
6612 E75th Street
Indianapolis, IN 46250

Roger A. Brackett
Vice President, Operations
Resident:
128 Scarborough Circle
Noblesville, IN 46060

SS# - 303-50-1012

Business:
6612 E75th Street
Indianapolis, IN 46250



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109418
 2. Name of Corporation GroupLINK, Inc.
 3. Street Address Principal Business Office 6612 E 75th Street
 City INDIANAPOLIS State IN Zip 46250
 4. Business Phone No. 317-578-7128
 5. State of Incorporation INDIANA
 6. SIC Code 5744/7880
 7. Brief Description of the Character of Business Conducted in Rhode Island
 THIRD PARTY ADMINISTRATOR OF DENTAL BENEFIT PLANS FOR EMPLOYER GROUPS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Roger W. Skinner Street Address 5578 Hammock Glen Drive City INDIANAPOLIS State IN Zip 46236	Vice President Name Street Address City State Zip
Secretary Name John M. Miller Street Address 3150 S. State Rd #37 City Bloomington State IN Zip 47401	Treasurer Name Street Address City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Donald J. Miller Street Address 1 Curry Drive City NORTH VERNON State IN Zip 47265	Director Name FRANK B. Miller Street Address 601 S. Floyd Street City LOUISVILLE State KY Zip 40202
Director Name James D. Hammond Street Address 19 Shelter Cove Lane City Hilton Head State SC Zip 29929-3541	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
2000	Common	No par value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
1000	Common	No par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: AUG 01 2002

Check No.: ~~1088~~

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Roger W. Skinner Date: 7-16-02

Print or Type Name of Officer: ROGER W. SKINNER

Title of Officer: PRESIDENT

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
AUG 18 9 12 AM '02
AUG 20 9 42 AM '02



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109418 2. Name of Corporation GROUPLINK, INC.
3. Street Address Principal Business Office 6612 E. 75th Street City INDIANAPOLIS State IN Zip 46250
4. Business Phone No. 317-578-7128 5. State of Incorporation INDIANA 6. SIC Code 5944/7880
7. Brief Description of the Character of Business Conducted in Rhode Island
THIRD PARTY ADMINISTRATOR OF DENTAL BENEFIT PLANS FOR EMPLOYER GROUPS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name ROGER W. SKINNER Vice President Name _____
Street Address _____ Street Address _____
City INDIANAPOLIS State IN Zip 46236 City _____ State _____ Zip _____

Secretary Name JOHN M. MILLER Treasurer Name _____
Street Address _____ Street Address _____
City Bloomington State IN Zip 47401 City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DONALD J. MILLER Director Name FRANK B MILLER
Street Address 1 Curry Drive Street Address 601 S. Floyd Street
City NORTH VERNON State IN Zip 47265 City Louisville State KY Zip 40202

Director Name JAMES D HAMMOND Director Name _____
Street Address _____ Street Address _____
City Hilton Head State SC Zip 29929-3541 City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>2000 Common NO PAR VALUE</u>	<u>1000 Common NO PAR</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
AUG 01 2002
File Date: BY [Signature]
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

JUL 18 9 12 AM '02

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that the statements contained herein are true and correct.

[Signature] Date 7-16-02
Print or Type Name of Officer ROGER W. SKINNER
Title of Officer PRESIDENT

"Untying People & Benefits"



OFFICE OF
SECRETARY OF STATE
ADMINISTRATIVE OFFICE

00 AUG 21 AM 10:34

Secretary of State
218 State House
Providence, RI 02903

Date: August 15, 2000

RE: Notice of Address change

Dear Sir or Madam:

Please be advised that as of 8/25/00, GroupLink, Inc. will be relocating our office to the following address. Please update your records accordingly.

NEW ADDRESS AND PHONE NUMBER AS OF 8/28/00:

GroupLink, Inc.
Heritage Park I
6612 E 75th Street
Suite 200
Indianapolis, IN 46250

(317)-578-7128

Thank you in advance for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Todd Foushee".

Todd Foushee
Director of Operations

00, 11 10 7 77 00

RECEIVED
SECRETARY OF STATE
00 AUG 21 10 34 AM



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

109418 GroupLink, Inc.

3. Street Address Principal Business Office

5546 SHOREWOOD DRIVE

City

INDPLS.

State

IN

Zip

46220

4. Business Phone No.

317-251-2009 (x308)

5. State of Incorporation

INDIANA

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

THIRD PARTY ADMINISTRATOR OF DENTAL BENEFIT PLANS FOR EMPLOYER GROUPS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

ROGER W SKINNER

Street Address

Street Address

5546 SHOREWOOD DRIVE

City

State

Zip

City

State

Zip

INDPLS IN 46220

Secretary Name

Treasurer Name

JOHN M MILLER

Street Address

Street Address

3150 South State Road #37

City

State

Zip

City

State

Zip

Bloomington IN 47401

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Donald J. Miller

FRANK B. MILLER

Street Address

Street Address

1 Curry Drive

601 S. Floyd #700

City

State

Zip

City

State

Zip

NORTH VERNON IN 47265

Louisville KY 40202

Director Name

Director Name

JAMES D. Hammond

Street Address

Street Address

601 North Walnut

City

State

Zip

City

State

Zip

Bloomington IN 47404

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

2,000 COMM NO PAR VALUE

1000

COMMON

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 9 4 1 8 *

File Date: 4-10-00

Check No.: 13993

By: AMF

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Roger W Skinner 2-24-02
Signature of Officer Date

Roger W Skinner 1/19/00
Print of Type Name of Officer

President
Title of Officer