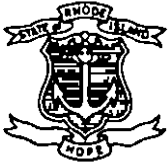


Filing Fee: \$20.00

ID Number 26144



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 of Rhode Island
2. The fictitious business name to be used is Altus Benefit Administrators
3. The state or other jurisdiction under the laws of which it is incorporated is Rhode Island
4. The date of incorporation is September 22, 1959

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

Date: 4/25/05

Delta Dental of Rhode Island

Print Name of Applicant Non-Profit Corporation

By

Joseph A. Angeli
Signature of Authorized Person

President

Title

FILED

APR 25 2005

By Km C

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