

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 JMarch 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 129244 Dental Benefit Providers, Inc. 3. Street Address Principal Business Office State Zıp 800 KING FARM BLVD Suite 600 ROCKVILLE MD 20850 4. Business Phone No. 5. State of Incorporation 6. SIC Code 2406328000 **DELAWARE** 9886 7. Brief Description of the Character of Business Conducted in Rhode Island MANAGEMENT AND ADMINISTRATION OF PREPAID DENTAL CARE PROGRAMS AND GENERAL BUSINESS PURPOSES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) I FILL IN SPACES BEFORE USING ATTACHMENTS President Näme Vice President Name DAVID T HALL Street Address Street Address 2811 LORD BALTIMORE DR City Zip City State Zio BALTIMORE MD 20850 Secretary Name Treasurer Name TIMOTHY F RYAN Robert W Oberrender Street Address Street Address 9900 Bren Rd E .9900 Bren Rd E City Siale City State Zip Minnetonka MN 55343 Minnetonka MN 55343 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL, IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name DAVID T HALL Brian C. Murray Street Address Street Address 2811 LORD BALTIMORE DR 9900 Bren Rd E City Zip ·Cin State Zip Minnetonka MN 21244 Minnetonka MN 55343 Director Name Director Name David L. Sparkman Street Address Street Address 9900 Bren Rd E City State .City State Zip Minnetonka MN 55343 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 100,000 COMM \$.01 PAR VALUE 100,000 Commom .01 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

129244 FBC 02/14/05 04:47:00 PM	_
File Date d- d2-05	.
Check No. 02740121	
By: KB	
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 have note true and correct.

Signature of Officer

Apur Patel

Print or Type Name of Officer

Assistant Secretary

Assistant Secretary

Form 630 12/01

Corp ID # 129244
Dental Benefit Providers, Inc.

ATTACHMENT TO PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

SECTION 8. NAMES AND ADDRESSES OF THE OFFICERS:

Assistant Secretary: Apur Patel

Street Address: 6300 Olson Memorial Highway

City: Golden Valley State: Minnesota Zip: 55427

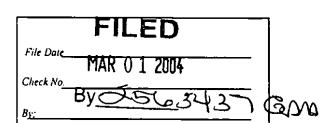


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129244		it Providers, Inc.				
l. Street Address Principal Bu			City:	State	Zip	
800 King Farm Blvd			Rockville	MN	20850	
l. Business Phone No.		5. State of Incorporation	n		6. SIC Code	
240/632-8000		DELAWARE			9886	
Brief Description of the Chi MANAGEMENT AND ADM	aracier of Business Cond MINISTRATION OF	lucted in Rhode Island PREPAID DENTAL CA	RE PROGRAMS AND GFEN	VERAL BUSINESS PUI	RPOSES.	
8. NAMES AND ADDRE	SSES OF THE OFF	CERS_("X" BOX FOR AT	TACHMENT) I FILL IN SP. Vice President Name	ACES BEFORE USING A	TTACHMENTS	
Kevin J. Ruth			John W. Kelly			
invet Address	······································		Street Address			
800 King Farm Bl	vd #600		.9900 Bren Road	E		
City	State	Zip	City	State	Zıp	
Rockville	MD	20850	Minnetonka	MN	55343	
ecretary Name			Treasurer Name			
Timothy F. Ryan			Robert W. Oberr	ender		
Street Address		* Street Address				
9900 Brent Road E			.9900 Bren Road E			
City	State	Zip	City	State	Zip	
Minnetonka	MN	55343	. Minnetonka	MN	55343	
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
			Director Name			
Kevin J. Ruth			David S. Wichmann			
			<u>'</u>			
Street Address			Street Address	_		
800 King Farm Bl			9900 Bren Road	E		
800 King Farm Bl	State	Zıp	•9900 Bren Road	State	Zip	
800 King Farm Bl City Rockville		Zip 20850	9900 Bren Road		2 <i>ip</i> 55343	
800 King Farm Bl	State MD	■	•9900 Bren Road	State		
800 King Farm Bl City Rockville Director Name David L. Sparkma Street Address	State MD	■	9900 Bren Road City Minnetonka	State		
800 King Farm Bl City Rockville Director Name David L. Sparkma Street Address 9900 Bren Road E	State MD	■	9900 Bren Road City Minnetonka Director Name Street Address	State	55343	
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B00 King Farm B1 City Rockville Director Name David L. Sparkma Street Address 9900 Bren Road E City Minnetonka 10. SHARES AUTHORI AUTHORIZED SHARES	State MD State MN ZED C'X" BOX FOR	Zip 55343	9900 Bren Road City Minnetonka Director Name Street Address City 11. SHARES ISSUED ("A	State MN State State	55343 Zip V7) □	
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B00 King Farm B1 City Rockville Director Name David L. Sparkma Street Address 9900 Bren Road E City Minnetonka 10. SHARES AUTHORI AUTHORIZED SHARES Vumber of Shares	State MD State MN ZED C'X" BOX FOR Class/Series PAR VALUE	Zip 55343 ATTACHMENT) Par Value	9900 Bren Road City Minnetonka Director Name Street Address City 11. SHARES ISSUED ("A ISSUED SHARES Number of Shares	State MN State Cr BOX FOR ATTACHMES Class/Series COMM	Zip	



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 Olycy

Thad C. Johnson
Print or Type Name of Officer

Assistant Secretary

Form 630 12/01

RHODE ISLAND CORPORATE ID No. 129244

8. OFFICERS AND DIRECTORS OF Dental Benefit Providers, Inc.

ADDITIONAL OFFICERS:

Name & Title Business Address

Thad C. Johnson 9900 Bren Rd E

Assistant Secretary Minnetonka, MN 5534

Mete Sahin 800 King Farm Blvd #600

Assistant Treasurer Rockville, MD 20850

Jennifer L. Lewis 2811 Lord Baltimore Dr Assistant Secretary Baltimore, MD 21244