



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 129244		2. Name of Corporation Dental Benefit Providers, Inc.			
3. Street Address Principal Business Office 800 KING FARM BLVD Suite 600		City ROCKVILLE	State MD	Zip 20850	
4. Business Phone No. 2406328000		5. State of Incorporation DELAWARE			6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID T HALL			Vice President Name		
Street Address 2811 LORD BALTIMORE DR			Street Address		
City BALTIMORE	State MD	Zip 20850	City	State	Zip
Secretary Name TIMOTHY F RYAN			Treasurer Name Robert W Oberrender		
Street Address 9900 Bren Rd E			Street Address 9900 Bren Rd E		
City Minnetonka	State MN	Zip 55343	City Minnetonka	State MN	Zip 55343
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID T HALL			Director Name Brian C. Murray		
Street Address 2811 LORD BALTIMORE DR			Street Address 9900 Bren Rd E		
City Minnetonka	State MN	Zip 21244	City Minnetonka	State MN	Zip 55343
Director Name David L. Sparkman			Director Name		
Street Address 9900 Bren Rd E			Street Address		
City Minnetonka	State MN	Zip 55343	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
100,000 COMM \$.01 PAR VALUE			100,000	Common	.01

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



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129244 FBC 02/14/05 04:47:00 PM

File Date 2-22-05

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 herein are true and correct.

Signature of Officer

Apur Patel

Print or Type Name of Officer

Assistant Secretary

Title of Officer

Date

2/17/05

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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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 129244		2. Name of Corporation Dental Benefit Providers, Inc.			
3. Street Address Principal Business Office 800 King Farm Blvd			City Rockville	State MN	Zip 20850
4. Business Phone No. 240/632-8000		5. State of Incorporation DELAWARE			6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin J. Ruth		Vice President Name John W. Kelly			
Street Address 800 King Farm Blvd #600		Street Address 9900 Bren Road E			
City Rockville	State MD	Zip 20850	City Minnetonka	State MN	Zip 55343
Secretary Name Timothy F. Ryan		Treasurer Name Robert W. Oberrender			
Street Address 9900 Brent Road E		Street Address 9900 Bren Road E			
City Minnetonka	State MN	Zip 55343	City Minnetonka	State MN	Zip 55343
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kevin J. Ruth		Director Name David S. Wichmann			
Street Address 800 King Farm Blvd #600		Street Address 9900 Bren Road E			
City Rockville	State MD	Zip 20850	City Minnetonka	State MN	Zip 55343
Director Name David L. Sparkman		Director Name			
Street Address 9900 Bren Road E		Street Address			
City Minnetonka	State MN	Zip 55343	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
100,000 COMM \$0.01 PAR VALUE			100,000	COMM	.01

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



1 2 9 2 4 4

FILED

File Date MAR 01 2004

Check No. By 2563437 GMM

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.

Thad C. Johnson
Signature of Officer
Print or Type Name of Officer

2-24-2004
Date

Assistant Secretary
Title of Officer

Form 630 12/01

RHODE ISLAND CORPORATE ID No. 129244

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

ADDITIONAL OFFICERS:

<u>Name & Title</u>	<u>Business Address</u>
Thad C. Johnson Assistant Secretary	9900 Bren Rd E Minnetonka, MN 5534
Mete Sahin Assistant Treasurer	800 King Farm Blvd #600 Rockville, MD 20850
Jennifer L. Lewis Assistant Secretary	2811 Lord Baltimore Dr Baltimore, MD 21244
