



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
000132506	Delta Dental Plan of Michigan, Inc.	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Julia Black

Business Name:

No. and Street: 4100 Okemos Road

City or Town: Okemos

State: MI

Zip: 48864

Country: USA

Contact Phone: 517-347-5481 ext:

Contact Email: jblack11@deltadentalmi.com