

1.) CORPORATION NAME:

Delta Dental Plan of Michigan, Inc.

DUE DATE: **5/31/2011**

SCC ID NO: **F1548082**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4100 OKEMOS ROAD

CITY/ST/ZIP: OKEMOS, MI 48864-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JONATHAN S GROAT
TITLE: VP/GC
ADDRESS: 4100 OKEMOS ROAD
CITY/ST/ZIP/CO: OKEMOS, MI 48864-

OFFICER DIRECTOR

NAME: SHERRY LEE CRISP
TITLE: SR VP
ADDRESS: 4100 OKEMOS ROAD
CITY/ST/ZIP/CO: OKEMOS, MI 48864-

OFFICER DIRECTOR

NAME: LAURA L CZELADA
TITLE: COO
ADDRESS: 4100 OKEMOS ROAD
CITY/ST/ZIP/CO: OKEMOS, MI 48864-

OFFICER DIRECTOR

NAME: TERENCE R COMAR DDS MS
TITLE: CHAIRMAN
ADDRESS: 4100 OKEMOS ROAD
CITY/ST/ZIP/CO: OKEMOS, MI 48864-

OFFICER DIRECTOR

NAME: JAMES P HALLAN
TITLE: DIRECTOR
ADDRESS: 4100 OKEMOS ROAD
CITY/ST/ZIP/CO: OKEMOS, MI 48864-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH C HARRIS SECRETARY 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDWARD J ZOBECK CAO 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENDA L LAIRD EXEC VP 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY E HOSTETLER SR VP 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL CLARK SR VP 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GORAN M JURKOVIC SR VP 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN M GREEN VICE PRESIDENT 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RANDY M TASCO VICE PRESIDENT 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOBY HALL VICE PRESIDENT 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JED J JACOBSON SR VP 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	C. BRUCE BAIRD DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JACK H BAKER DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUIGI BATTAGLIERI VICE CHAIRMAN 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA A DANCSOK DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD V ESTER DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS J FLESZAR DDS MS PRESIDENT 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RORY GAMBLE DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY A KELLER DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERRI A MILLER DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY E MOFFIT DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: CHARLES RICHARD SEITZ TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: BRUCE R SMITH TITLE: TREASURER ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: COLLEEN G VIENNA TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN A BREZA TITLE: SR EXEC OFFICER ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JONATHAN S GROAT	JONATHAN S GROAT, VP/GC	5/23/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.