

1.) CORPORATION NAME:

Delta Dental Plan of Michigan, Inc.

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1548082**

5.) STOCK INFORMATION

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| 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.

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| NAME: JED J JACOBSON TITLE: SR VP ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL CLARK TITLE: SR VP ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: SHERRY LEE CRISP TITLE: SR VP ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: JONATHAN S GROAT TITLE: VP/GC ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: TOBY HALL TITLE: VICE PRESIDENT ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: NANCY E HOSTETLER TITLE: SR VP ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |

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| 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: | 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: | 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: | 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: | BRUCE R SMITH TREASURER 4100 OKEMOS ROAD OKEMOS, MI 48864 | <input checked="" 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: | TERENCE R COMAR DDS MS CHAIRMAN 4100 OKEMOS ROAD OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | LAURA L CZELADA PRES & CEO 4100 OKEMOS ROAD OKEMOS, MI 48864 | <input checked="" type="checkbox"/> OFFICER | <input 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: | 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 |

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| NAME: JOHN A BREZA TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LISA A DANCSOK TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TODD V ESTER TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: RORY GAMBLE TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JAMES P HALLAN TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JEFFREY A KELLER TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TERRI A MILLER TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TIMOTHY E MOFFIT TITLE: DIRECTOR ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: 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 |

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.

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| /s/ JONATHAN S GROAT | JONATHAN S GROAT, VP/GC | 4/30/2012 |
| 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.