

1.) CORPORATION NAME:

**Delta Dental Plan of Michigan, Inc.**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1548082**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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: LAURA L CZELADA TITLE: PRES & CEO ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: OKEMOS, MI 48864	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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: 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
NAME: GORAN M JURKOVIC TITLE: PRESIDENT ADDRESS: 4100 OKEMOS ROAD CITY/ST/ZIP/CO: 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:	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:	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:	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:	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:	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:	JAMES P HALLAN 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARLES RICHARD SEITZ DIRECTOR 4100 OKEMOS ROAD OKEMOS, MI 48864	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ann Marie Flermoen DIRECTOR 4100 Okemos Rd Okemos, MI 48864	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen Adolf Eklund DIRECTOR 4100 Okemos Rd 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.			
/s/ JONATHAN S GROAT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JONATHAN S GROAT, VP/GC PRINTED NAME AND CORPORATE TITLE	4/2/2013 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.			