2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State
08-05-2002 90005 003 ***150.00

DOCUMENT # F99000002999

1. Entity Name
DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

Principal Place of Business	Mailing Address
7200 WISCONSIN AVENUE. SUITE 800 BETHESDA MD 20814	MR. ~~DENNIS B. BAYLOR~~ Sam H. Dillard 7200 WISCONSIN AVENUE. SUITE 800 BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-3645850 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 13, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FOXMAN, RALPH H 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President Kevin J. Ruth 7200 Wisconsin Ave, Suite 800 Bethesda, MD 20814	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURPHY, EDWARD A 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] [illegible] MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLBY, RONALD B 9900 BREN ROAD ENT MINNETONKA MN 55343	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director David S. Wichmann 9900 Bren Road East Minnetonka, MN 55343	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ROTH, DEENA G 7200 WISCONSIN AVENUE, SUITE 800 BETHESDA MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ted A. Lyle 1340 Donegal Drive Woodbury, MN 55125	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NYCE, BEVERLY R 9900 BREN ROAD ENT MINNETONKA MN 55343	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRYBUS, TIMONTY J 7200 WISCONSIN AVE SUITE 800 BETHESDA MD 20814	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Deena Hobert Roth 1-31-02 301-718-7501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment F99000002999

972598

Dental Benefit Providers

A UnitedHealth Group Company

Corporate Headquarters
7200 Wisconsin Avenue
Suite 800
Mail Route MD070-1000
Bethesda, MD 20814
301 654 6900
1 800 896 4831
Fax 301 986 7965

West Coast
425 Market Street
12th Floor
Mail Route CA035-1200
San Francisco, CA 94105
415 778 3800
Fax 415 778 3833

Customer Inquiries
1 800 445 9090
Dentist Inquiries
1 800 822 5353

www.dbp.com

July 30, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Late Fee Waiver

Dear Sir or Madam:

Please be advised that Dental Benefit Providers of Illinois, Inc. did not receive the prior notice to file its 2002 Uniform Business Report. Please waive the $400.00 fine. As per the instructions on the form, we are including a check for $150.00 to cover this filing.

Sincerely,

Deena Godshall Roth

Deena Godshall Roth
Secretary, General Counsel
Dental Benefit Providers of Illinois, Inc.

Enclosures