

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000660

FILED
Apr 05, 2007
Secretary of State

Entity Name: DENTAL HEALTH ALLIANCE, LLC

Current Principal Place of Business:

2323 GRAND BLVD.
KANSAS CITY, MO 64108

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 419052
KANSAS CITY, MO 641416052

New Mailing Address:

FEI Number: 13-3830846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UNION SECURITY INSUR, ANCE COMPANY
Address: 2323 GRAND BOULEVARD
City-St-Zip: KANSAS CITY, MO 64108

Title: MGRM (X) Delete
Name: ASSURANT, INC.,
Address: ONE CHASE MANHATTAN PLAZA
City-St-Zip: NEW YORK, NY 10005

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONNA E. BOWLES

REP

04/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date