

P36334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

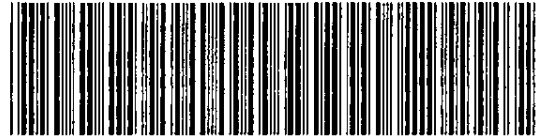
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500196997485

03/14/11--01044--017 \*\*35.00

*MC*

FILED  
11 APR -6 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*th 4-6-11*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2011

JENNIFER SNODGRASS  
PROFESSIONAL PROTECTOR PLAN  
3101 W. MLK JR. BLVD., #400  
TAMPA, FL 33607

SUBJECT: NATIONAL DENTAL STUDENT RISK PURCHASING GROUP  
INCORPORATED\  
Ref. Number: P36334

We have received your document for NATIONAL DENTAL STUDENT RISK PURCHASING GROUP INCORPORATED\  
and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form. This is a Florida profit corporation. You completed the form for a Nonprofit corporation. Also, attached the wrong certificate.

We are enclosing the proper form(s) with instructions for your convenience.

The current name of the entity is as referenced above. Please correct your document accordingly.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

**INCOMING**

Letter Number: 211A00007367

MAR 31 2011

**DENTAL-TAMPA**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**INCOMING**

MAR 21 2011

**DENTAL-TAMPA**

March 16, 2011

JENNIFER SNODGRASS  
PROFESSIONAL PROTECTOR PLAN  
3101 W DR MARTIN LUTHER KING JR BLVD3400  
TAMPA, FL 33607

SUBJECT: NATIONAL DENTAL STUDENT RISK PURCHASING GROUP  
\INCORPORATED\  
Ref. Number: P36334

We have received your document for NATIONAL DENTAL STUDENT RISK PURCHASING GROUP \INCORPORATED\ and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A foreign corporation which has changed its name, duration, jurisdiction, or purpose (nonprofit corporation only), should file an amended application. The amendment should be filed after the occurrence of such a change within 30 days for a not for profit corporation and within 90 days for a profit corporation. The form should be accompanied by an original certificate from the domicile state issued within the past 90 days evidencing the change and a filing fee of \$35.

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing the proper form(s) with instructions for your convenience.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You can changes officers/directors by filing your 2011 Annual Report wich is now due on our website @ [www.sunbiz.org](http://www.sunbiz.org).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 611A00006447

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: National Dental Student Risk Purchasing Group/  
Name of Corporation Incorporated

DOCUMENT NUMBER: P36334

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Snodgrass  
Name of Contact Person

Professional Protector Plan  
Firm/Company

3101 W. MLK Jr. Blvd., #400  
Address

Tampa, FL 33607  
City/State and Zip Code

JSnodgrass@bbprograms.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Snodgrass at (813) 222-4282  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

JUNE 2, 2010

5612-692-9

CSC NETWORKS  
801 ADLAI STEVENSON DRIVE  
SPRINGFIELD, IL 62703

RE NATIONAL DENTAL PURCHASING GROUP

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE ARTICLES OF AMENDMENT FOR THE ABOVE NAMED CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THE ENCLOSED DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

JW:CD



## Illinois Department of Insurance

---

PAT QUINN  
Governor

MICHAEL T. McRAITH  
Director

June 15, 2010

Ms. Jennifer Snodgrass  
Marketing Representative  
Professional Protector Plan for Dentists  
3101 W M L King Jr Blvd, 4<sup>th</sup> Floor  
Tampa, FL 33607

RE: National Dental Purchasing Group

Dear Ms. Snodgrass:

This is to acknowledge the above purchasing group's name change and that they are considered domiciled and registered in Illinois pursuant to Section 123B-8 of the Illinois Insurance Code.

Sincerely,

  
Marcy Savage

mms

INGUWINE  
JUN 18 2010  
DENTAL

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

P36334

(Document number of corporation (if known))

1. National Dental Student Risk Purchasing Group/Incorporated/  
(Name of corporation as it appears on the records of the Department of State)
2. Illinois 3. 11-19-91  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 6-2-10

5. National Dental Purchasing Group/Incorporated/  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

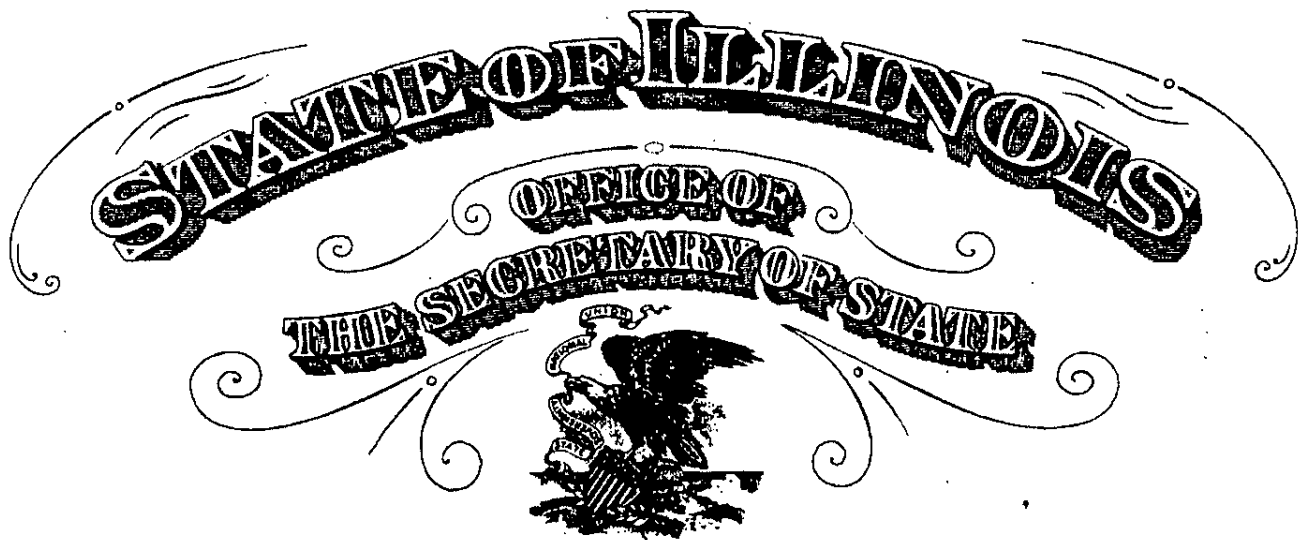
Hailey Stefan  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Hailey Stefan  
(Typed or printed name of person signing)

Secretary/Treasurer  
(Title of person signing)

FILED  
11 APR - 6 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

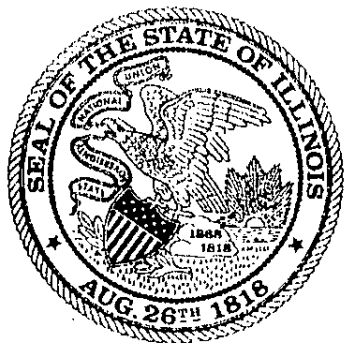
File Number 5612-692-9



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

THE FOREGOING AND HERETO ATTACHED IS A TRUE AND CORRECT COPY, CONSISTING OF 10 PAGES, AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR NATIONAL DENTAL PURCHASING GROUP. \*\*\*\*\*



**In Testimony Whereof,** I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of APRIL A.D. 2011 .

*Jesse White*





**Whereas, ARTICLES OF INCORPORATION OF  
NATIONAL STUDENT DENTAL RISK PURCHASING GROUP**

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN  
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE  
GENERAL NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, IN FORCE  
JANUARY 1, A.D. 1987.

*Now Therefore, I, Jim Edgar, Secretary of State of the State  
of Illinois, by virtue of the powers vested in me by law, do hereby  
issue this certificate and attach hereto a copy of the Application  
of the aforesaid corporation.*

**In Testimony Whereof, I do set my hand and cause to  
be affixed the Great Seal of the State of Illinois,  
at the City of Springfield, this 3rd  
day of OCTOBER AD 1990 and  
of the Independence of the United States  
the two hundred and 15th.**

*Jim Edgar*  
\_\_\_\_\_  
SECRETARY OF STATE

FORM NP-102.10  
(Revised Jan. 1987)

Filing Requirements — Present 2 signed and fully  
executed copies in exact duplicate  
For inserts — Use White Paper — Size 8 1/2 x 11

ARTICLES OF INCORPORATION

Payment must be made by Certified Check,  
Cashiers Check or a Money Order, payable to  
Secretary of State.

DO NOT SEND CASH!

(Do Not Write in This Space)

Date Paid

10-3-90

Filing Fee \$50

Clk

TO: JIM EDGAR, Secretary of State

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986", the undersigned incor-  
porator(s) hereby adopt the following Articles of Incorporation.

Article 1. The name of the corporation is: National Student Dental Risk Purchasing Group

Article 2. The name and address of the initial registered agent and registered office are:

Registered Agent	<u>Bruce W. Foudree</u>	SY
	First Name Middle Name Last Name	
Registered Office	<u>233 S. Wacker Drive, Suite 8300</u>	
	Number Street	Do Not Use P.O. Box
	<u>Chicago, IL 60606</u>	<u>Cook</u>
	City Zip Code	County

Article 3. The first Board of Directors shall be three in number, their names and addresses being as  
follows: (Not less than three)

Directors' Names	Number	Street	Address City	State
<u>LEON ENGLISH, R.R. 2, ARCADIA, WISCONSIN 54612</u>				
<u>BRUCE GEER, 702 N. FRANKLIN, TAMPA, FLORIDA 33602</u>				
<u>BRETT GRAY, 2813 NEWBURG ROAD, LOUISVILLE, KENTUCKY 40205</u>				

PAID

OCT 9 1990

Article 4. The purposes for which the corporation is organized are:

Educational  
to help members secure insurance as required by statute, custom, testing Boards,  
or otherwise, by purchasing and maintaining professional liability insurance on  
a group basis and to engage in any lawful act or activities relative to the  
foregoing.

Is this corporation a Condominium Association as established under the Condominium Property  
Act? ☐ Yes ☒ No (Check one)

Is this corporation a Cooperative Housing Corporation as defined in Section 216 of the Internal  
Revenue Code of 1954? ☐ Yes ☒ No (Check one)

Is this a Homeowner's Association which administers a common-interest community as defined in sub-  
section (c) of Section 9-102 of the Code of Civil Procedure? ☐ Yes ☒ No

Article 5. Other provisions (please use separate page):

## NAMES & ADDRESSES OF INCORPORATORS

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated 5/25/90, 1990.

### Signatures and Names

### Post Office Address

1. *Douglas Dompkowski*  
Signature  
Douglas Dompkowski  
Name (please print)
2. *Brett Gray*  
Signature  
Brett Gray  
Name (please print)
3. *T. J. Haulman*  
Signature  
T. J. Haulman  
Name (please print)
4. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (please print)
5. \_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name (please print)

1. 1901 North 29th Street  
Street  
Richmond, VA 23223  
City/Town State Zip
2. 2813 Newburg Road  
Street  
Louisville, KY 40205  
City/Town State Zip
3. 302 Hawkeye Court  
Street  
Iowa City, Iowa 52246  
City/Town State Zip
4. \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/Town State Zip
5. \_\_\_\_\_  
Street  
\_\_\_\_\_  
City/Town State Zip

(Signatures must be in ink on original document. Carbon copy, xerox or rubber stamp signatures may only be used on confirmed copies.)

NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its President or Vice-President and verified by him, and attested by its Secretary or an Assistant Secretary.

The registered agent cannot be the corporation itself.

The registered agent may be an individual, resident in this State, or a domestic or foreign corporation, authorized to act as a registered agent.

The registered office may be, but need not be, the same as its principal office.

A corporation which is to function as a club, as defined in Section 1-3.24 of the "Liquor Control Act" of 1934, must insert in its purpose clause a statement that it will comply with the State and local laws and ordinances relating to alcoholic liquors.

File #

Form NP-102.10

ARTICLES OF INCORPORATION

under the

GENERAL NOT FOR PROFIT  
CORPORATION ACT  
of

FILED

MAY - 3 1990

JIM FOGAR  
Secretary of State

SECRETARY OF STATE  
CORPORATION DEPARTMENT  
SPRINGFIELD, ILLINOIS 62756  
TELEPHONE (217) 782-6961

(These Articles Must Be Executed and Filed in Duplicate)

Filing Fee \$50

C 103.4



**Whereas,** ARTICLES OF AMENDMENT TO THE ARTICLES OF  
INCORPORATION OF  
NATIONAL STUDENT DENTAL RISK PURCHASING GROUP

INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAVE BEEN  
FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE  
GENERAL NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, IN FORCE  
JANUARY 1, A.D. 1987.

*Now Therefore, I, George H. Ryan, Secretary of State of the  
State of Illinois, by virtue of the powers vested in me by law, do  
hereby issue this certificate and attach hereto a copy of the  
Application of the aforesaid corporation.*

**In Testimony Whereof,** I hereto set my hand and cause to  
be affixed the Great Seal of the State of Illinois,  
at the City of Springfield, this 13th  
day of JUNE A.D. 1991 and  
of the Independence of the United States  
the two hundred and 15th.



*George H. Ryan*  
SECRETARY OF STATE

NFP - 110.30  
(Rev. Jan., 1987)

Submt. in Duplicate

Remit payment in Check or Money  
Order, payable to "Secretary of  
State"

DO NOT SEND CASH!

JIM EDGAR  
Secretary of State  
State of Illinois

PAID

File # 5612-692-9  
This Space For Use By  
Secretary of State

Date 6-13-91

Filing Fee 25

Clerk MJ

JUN 14 1991

ARTICLES OF AMENDMENT

under the

GENERAL NOT FOR PROFIT CORPORATION ACT

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1980", the undersigned corporation hereby adopts these Articles of Amendment to its Articles of Incorporation.

ARTICLE ONE

The name of the corporation is National Student Dental  
Risk Purchasing Group

(Note 1)

ARTICLE TWO

The following amendment to the Articles of Incorporation was adopted on May 9  
19 91 in the manner indicated below ("X" one box only.)



By the affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15.

(Note 2)



By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45 of this Act.

(Note 3)



By the members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation or the bylaws, in accordance with Section 110.20.

(Note 4)



By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20 of this Act.

(Note 4)

(INSERT RESOLUTION)

See attached.

1 3 9 1 0 5 3 0

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(If space is insufficient, attach additional pages size 8 1/2 x 11)

The undersigned corporation has caused these articles to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.

Dated 5-9, 19 91 National Student Dental Risk Purchasing Group

Witnessed by [Signature] by Leon J. English DDS  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)  
DAVE KUTZ, Secretary Leon J. English DDS, President  
(Type or Print Name and Title) (Type or Print Name and Title)

### NOTES AND INSTRUCTIONS

- NOTE 1: State the true exact corporate name as it appears on the records of the Office of the Secretary of State, BEFORE any amendments herein reported.
- NOTE 2: Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote.
- NOTE 3: Director approval may be (1) by vote at a director's meeting (either annual or special) or (2) by consent, in writing, without a meeting.
- NOTE 4: All amendments not adopted under Sec. 110.15 require (1) that the board of directors adopt a resolution setting forth the proposed amendment and (2) that the members approve the amendment.
- Member approval may be (1) by vote at a members meeting (either annual or special) or (2) by consent, in writing, without a meeting.
- To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least 2/3 of the outstanding members entitled to vote on the amendment. (but if class voting applies, then also at least a 2/3 vote within each class is required).
- The articles of incorporation may supercede the 2/3 vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote and not less than a majority within each when class voting applies. (Sec. 110.20).
- NOTE 5: When a member approval is by written consent, all members must be given notice of the proposed amendment at least 5 days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

FORM NFP-110.30

File No.

ARTICLES OF AMENDMENT

under the

GENERAL NOT FOR PROFIT

CORPORATION ACT

of National Student Dental  
Risk Purchasing Group

Filing Fee \$25

Filing Fee for Re-Filed Articles \$100

FILED  
JUN 11 1991  
GEORGE H. RYAN  
SECRETARY OF STATE

RETURN TO:

Corporation Department  
Secretary of State  
Springfield, Illinois 62756  
Telephone (217) 782-6961

RESOLUTION OF  
THE BOARD OF DIRECTORS  
OF  
NATIONAL STUDENT DENTAL RISK  
PURCHASING GROUP

The Board of Directors of National Student Dental Risk Purchasing Group, pursuant to the Illinois General Not-for-Profit Corporation Act of 1986, hereby consents to and adopts the following resolution:

RESOLVED, that the name of the Corporation be and hereby is changed to National Dental Student Risk Purchasing Group. *el*

DATED: 5-18/91

CERTIFICATION

I, Bruce Gore, the Secretary of National Student Dental Risk Purchasing Group, hereby certifies that the above Resolution was considered and adopted by the Board of Directors on the date above written by the affirmative vote of the majority of the members of the Board entitled to vote and present in person or by proxy at a meeting duly called and at which a quorum existed.

  
Signature

800/486

FILED  
JUN 13 1991  
GEORGE H. RYAN  
SECRETARY OF STATE

7

FORM NFP 110.30 (rev. Dec. 2003)  
ARTICLES OF AMENDMENT  
General Not For Profit Corporation Act

Jesse White, Secretary of State  
Department of Business Services  
501 S. Second St., Rm. 350  
Springfield, IL 62756  
217-782-1832  
www.cyberdriveillinois.com

Remit payment in the form of a  
check or money order payable  
to Secretary of State.

FILED

JUN 02 2010

JESSE WHITE  
SECRETARY OF STATE



CP0310555

PAID

JUN 02 2010

EXPEDITED  
SECRETARY OF STATE

File # 56126929 Filing Fee: \$25 Approved: [Signature]

----- Submit in duplicate ----- Type or Print clearly in black ink ----- Do not write above this line -----

1. Corporate Name (See Note 1 on back.): NATIONAL DENTAL STUDENT RISK PURCHASING GROUP

2. Manner of Adoption of Amendment:

The following amendment to the Articles of Incorporation was adopted on 05/24/2010 in the man-  
ner indicated below (check one only):  
Month, Day & Year

☐ By affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with  
Section 110.15. (See Note 2 on back.)

☒ By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45. (See Note 3  
on back.)

☐ By members at a meeting of members entitled to vote by the affirmative vote of the members having not less than  
the minimum number of votes necessary to adopt such amendment, as provided by this Act, the Articles of  
Incorporation or the bylaws, in accordance with Section 110.20. (See Note 4 on back.)

☐ By written consent signed by members entitled to vote having not less than the minimum number of votes necessary  
to adopt such amendment, as provided by this Act, the Articles of Incorporation, or the bylaws, in compliance with  
Sections 107.10 and 110.20. (See Note 5 on back.)

3. Text of Amendment:

(a.) When an amendment effects a name change, insert the new corporate name below. Use 3(b.) below for all other  
amendments. \*Article 1: The Name of the Corporation is:

NATIONAL DENTAL PURCHASING GROUP [Signature]

New Name

(b.) All amendments other than name change.

If the amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety. If  
there is not sufficient space to add the full text of the amendment, attach additional sheets of this size.



4. The undersigned Corporation has caused these Articles to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.

**All signatures must be in BLACK INK.**

Dated June 1, 2010, NATIONAL STUDENT DENTAL RISK PURCHASING  
Month & Day Year Exact Name of Corporation GROUP  
[Signature]  
Any Authorized Officer's Signature  
Susan Heath, Vice President  
Name and Title (type or print)

5. If there are no duly authorized officers, the persons designated under Section 101.10(b)(2) must sign below and print name and title.

**The undersigned affirms, under penalties of perjury, that the facts stated herein are true.**

Dated \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month & Day Year

Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)
Signature	Name and Title (print)

## NOTES

1. State the true and exact corporate name as it appears on the records of the Secretary of State BEFORE any amendment herein is reported.
2. Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote pursuant to §110.15.
3. Director approval may be:
  - a. by vote at a director's meeting (either annual or special), or
  - b. by consent, in writing, without a meeting.
4. All amendments not adopted under Sec. 110.15 require that:
  - a. the board of directors adopt a resolution setting forth the proposed amendment, and
  - b. the members approve the amendment.


**Member approval may be:**

- a. by vote at a members meeting (either annual or special), or
- b. by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least two-thirds of the outstanding members entitled to vote on the amendment (but if class voting applies, also at least a two-thirds vote within each class is required).

The Articles of Incorporation may supersede the two-thirds vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote, and not less than a majority within each class when class voting applies. (Sec. 110.20)

5. When member approval is by written consent, all members must be given notice of the proposed amendment at least five days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment. (Sec. 107.10 & 110.20)

1) Corporate Name <b>NATIONAL DENTAL STUDENT RISK PURCHASING GROUP</b>		File Number N 5612-692-9
4) President Name/Address Joseph Rossa 5400 N Milwaukee Dr. Chicago IL 60630		3a) Date of Inc./Qual 10-03-1990
Secretary Name/Address Hailey Stefan PO Box 1348 Tampa FL 33601		3b) State of Inc. ILLINOIS
Treasurer Name/Address Hailey Stefan PO Box 1348 Tampa FL 33601		<b>Annual Report</b> <b>General Not For Profit</b>  CP0072558
Director Name/Address Susan Heath (vp) 401 E Jackson Street #1700 Tampa FL 33602		
Director Name/Address Kenneth S. Coy 1201 N Stinewall Ave Oklahoma City, OK 73117		
Director Name/Address Joseph Rossa		
5) Brief Description of the corporation's activities Professional insurance for dental student clinical activities & board exams		Year of: 2004
7) Principal Address of the Corporation (Street, City, State, Zip Code) 401 E. Jackson Street, #1700, Tampa, FL 33602		
2) Registered Agent % ILLINOIS CORPORATION SERVI 06-02-04 801 ADLAI STEVENSON DRIVE SPRINGFIELD IL 62703-4261 SANGAMON COUNTY		6a) Is this Corporation a CONDOMINIUM ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6b) Is this Corporation a COOPERATIVE HOUSING CORP.? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 6c) Is this Corporation a HOMEOWNER'S ASSOCIATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to the provisions of the General Not For Profit Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

8) Signature *Hailey Stefan* Secretary/Treasurer Title *9/14/04* Date