2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2017
Secretary of State
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Entity Name: DENTAL BENEFIT PROVIDERS OF ILLINOIS, INC.

Current Principal Place of Business:

LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
COLUMBIA, MD 21045

Current Mailing Address:

LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
COLUMBIA, MD 21045 US

FEI Number: 36-4008355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title	SECRETARY
Name	LEWIS-DAVID, JENNIFER LUNDGREN
Address	6220 OLD DOBBIN LANE
City-State-Zip:	COLUMBIA MD 21045

Title	ASSISTANT SECRETARY
Name	LANG JACOBSEN, HEATHER ANASTASIA
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	DIRECTOR
Name	ENGLISH, DEBORAH JEAN
Address	MEDICAL ARTS BUIDLING 415 NORTH 26TH STREET SUITES 101 & 201
City-State-Zip:	LAFAYETTE IN 57904

Title	DIRECTOR
Name	DAVIS, MITCHELL ROBERT
Address	LIBERTY 6 SUITE 200, 6220 OLD DOBBIN LANE
City-State-Zip:	COLUMBIA MD 21045

Title	TREASURER
Name	OBERRENDER, ROBERT WORTH
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	PRESIDENT, DIRECTOR
Name	SHELDON, KENNETH MARK
Address	LIBERTY 6, SUITE 200, 6220 OLD DOBBIN LANE
City-State-Zip:	COLUMBIA MD 21045

Title	DIRECTOR
Name	FABULA, ANDREW JOSEPH
Address	6220 OLD DOBBIN LANE LIBERTY 6, SUITE 200
City-State-Zip:	COLUMBIA MD 21045

Title	DIRECTOR
Name	VAN HAM, COLLEEN HASTINGS
Address	200 EAST RANDOLPH STREET SUITE 5300
City-State-Zip:	CHICAGO IL 60601

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG JACOBSEN ASSISTANT SECRETARY 04/06/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LONEY, MATTHEW ALLEN
Address	LIBERTY 6 SUITE 200, 6220 OLD DOBBIN LANE
City-State-Zip:	COLUMBIA MD 21045