

Summary Annual Report

for

MICHIGAN MANUFACTURERS ASSOCIATION DENTAL AND SHORT-TERM DISABILITY INSURANCE PLAN

This is a summary of the annual report for the MICHIGAN MANUFACTURERS ASSOCIATION DENTAL AND SHORT-TERM DISABILITY INSURANCE PLAN, (Employer Identification No. 38-2290948, Plan No. 502) for the period June 1, 2007 to May 31, 2008. The annual report has been filed with the Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

INSURANCE INFORMATION

The plan has a contract with Metropolitan Life to pay the following types of claims incurred under the terms of the plan.

All temporary disability, dental and health claims

The total premiums paid for the plan year beginning June 1, 2007 and ending May 31, 2008 were \$21,336,928.

Because it is a so called "experience-rated" contract, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending May 31, 2008, the premiums paid under such "experience-rated" contract were \$21,336,928 and the total of all benefit claims paid under the "experience-rated" contract during the plan year was \$18,133,056.

BASIC FINANCIAL STATEMENT

The value of plan assets, after subtracting liabilities of the plan, was \$0 as of May 31, 2008 compared to \$0 as of June 1, 2007. During the plan year the plan experienced an increase in its net assets of \$0. This increase includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year, or the cost of assets acquired during the year. During the plan year, the plan had total income of \$21,404,463. This income included employer contributions of \$21,336,928 and earnings from investments and other income of \$67,535. Plan expenses were \$21,404,463. These expenses included \$67,535 in administrative expenses and \$21,336,928 in benefits paid to participants and beneficiaries.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report; and
2. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of MMA Service Corporation, P.O. Box 14247, Lansing, MI. 48907-4247, 38-2290948 (Employer Identification Number), 517-372-5900 or the Plan Administrator or the Plan Sponsor MMA Service Corporation Employer, P.O. Box 14247, Lansing, MI 48901-4247, 38-2290948 (Employer Identification Number), 517-372-5900.

The charge to cover copying costs will be \$0.25 per page.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

MMA Service Corporation
620 S. Capitol Avenue
Lansing, MI. 48907-4247

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to:

Public Disclosure Room, Room N5638
Employment Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210