

No. <b>C 103484</b>		<b>Due no later than Sep 30, 2009</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA		
		<b>1. Mailing Address: Correct in this box if needed.</b> CIGNA DENTAL HEALTH, INC. 1571 SAWGRASS CORPORATE PKWY SUNRISE FL 33323		3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JUSTIN J WARRINGTON	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	JULIE ANN VAYER	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	KAREN S. ROHAN	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	MICHELE IRIS HAAS	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
TREASURER	JUSTIN J WARRINGTON	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
PRESIDENT	KAREN S. ROHAN	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
SECRETARY	MICHELE IRIS HAAS	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
5. Organized Under the Laws of:  <b>FL C 103484</b>		6. Annual Report must be signed.* Signature: Laura Louis Name (type or print): Laura Louis Date: 07/29/2009 Title: Power of Attorney				
Processed 07/29/2009		* Electronically provided signatures are accepted as original signatures.				