

No. <b>C 103484</b>		<b>Due no later than Sep 30, 2017</b>		<b>2. Registered Agent and Address (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>  <b>1. Mailing Address: Correct in this box if needed.</b>  CIGNA DENTAL HEALTH, INC. 1571 SAWGRASS CORPORATE PKWY SUITE 140 SUNRISE FL 33323		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	
PRESIDENT	FREDERICK SCARDELLETTE	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	SUNRISE	FL	USA	33323	
SECRETARY	ANNA KRISHTUL	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	SUNRISE	FL	USA	33323	
TREASURER	SCOTT LAMBERT	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	SUNRISE	FL	USA	33323	
DIRECTOR	JULIE VAYER	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	SUNRISE	FL	USA	33323	
DIRECTOR	FREDERICK SCARDELLETTE	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	SUNRISE	FL	USA	33323	
DIRECTOR	JASON MEADE	1571 SAWGRASS CORPORATE PARKWAY SUITE 140	SUNRISE	FL	USA	33323	
5. Organized Under the Laws of:  <b>FL</b> <b>C 103484</b>		6. Annual Report must be signed.* Signature: Traci Houck Name (type or print): Traci Houck Date: 08/09/2017 Title: POA					
Processed 08/09/2017		* Electronically provided signatures are accepted as original signatures.					