

No. C 103484	Due no later than Sep 30, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CIGNA DENTAL HEALTH, INC. 1571 SAWGRASS CORPORATE PKWY SUNRISE FL 33323 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
			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	JULIE A VAYER	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	KELLY K BRUNDIN	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	MATTHEW G MANDERS	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
TREASURER	KELLY K BRUNDIN	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
PRESIDENT	MATTHEW G MANDERS	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
SECRETARY	SHERMONA MAPP	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
5. Organized Under the Laws of: FL C 103484		6. Annual Report must be signed.* Signature: Laura Louis Name (type or print): Laura Louis Date: 08/30/2012 Title: Poa				
Processed 08/30/2012		* Electronically provided signatures are accepted as original signatures.				