

No. C 103484	Due no later than Sep 30, 2018 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 SUITE 140 SUNRISE FL 33323 USA		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
DIRECTOR	FREDERICK SCARDELLETTE	1571 SAWGRASS CORPORATE PKWY SUITE 140	SUNRISE	FL	USA	33323
SECRETARY	ANNA KRISHTUL	1571 SAWGRASS CORPORATE PKWY SUITE 140	SUNRISE	FL	USA	33323
TREASURER	SCOTT LAMBERT	1571 SAWGRASS CORPORATE PKWY SUITE 140	SUNRISE	FL	USA	33323
PRESIDENT	FREDERICK SCARDELLETTE	1571 SAWGRASS CORPORATE PKWY SUITE 140	SUNRISE	FL	USA	33323
DIRECTOR	JASON MEADE	1571 SAWGRASS CORPORATE PKWY SUITE 140	SUNRISE	FL	USA	33323
5. Organized Under the Laws of: FL C 103484		6. Annual Report must be signed.* Signature: Traci Houck Name (type or print): Traci Houck Date: 08/08/2018 Title: Power of Attorney				
Processed 08/08/2018		* Electronically provided signatures are accepted as original signatures.				