

No. C 103484	Due no later than Sep 30, 2015 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		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
VICE PRESIDENT	SCOTT R. LAMBERT	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	DINESH GANESAN	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	JULIE A VAYER	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	MATTHEW G. MANDERS	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
TREASURER	SCOTT R LAMBERT	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
PRESIDENT	MATTHEW G MANDERS	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
SECRETARY	ANNA KRISHTUL	1571 SAWGRASS CORPORATE PKWY	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: 08/12/2015 Title: POA			
Processed 08/12/2015		* Electronically provided signatures are accepted as original signatures.				