

No. C 103484	Due no later than Sep 30, 2010 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	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 ANN VAYER	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	WILLIAM JOHN SMITH	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
DIRECTOR	MATTHEW G MANDERS	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
TREASURER	JUSTIN J WARRINGTON	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: 08/16/2010 Title: Poa			
Processed 08/16/2010		* Electronically provided signatures are accepted as original signatures.				