No. <b>C 103484</b>		Due no later than Sep 30, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CIGNA DENTAL HEALTH, INC.  1571 SAWGRASS CORPORATE PKWY  SUNRISE FL 33323  USA		921 S ORCHARD ST STE G BOISE ID 83705 USA  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA		or <u>new</u> Regist	erea rigenie er	griatarer	
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	ANNA KRISH	ITUL .	1571 SAWGRASS CORPORATE PKWY	SUNRISE	FL	USA	33323
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
R.		Signature: Traci Houck		Date: 08/15/2013			
C 103484		Name (type or print): Traci Houck		Title: Poa			
Processed 08/15/2013 * Electronically provided signatures are accepted as original signatures.							