

No. C 103484	Due no later than Sep 30, 2008 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 PARKWA SUNRISE FL 33323	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702- USA				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JULIE ANN VAYER	1571 SAWGRASS CORPORATE PARKWA SUNRISE	FL	USA	USA	33323
DIRECTOR	KAREN S. ROHAN	1571 SAWGRASS CORPORATE PARKWA SUNRISE	FL	USA	USA	33323
DIRECTOR	MICHELE IRIS HAAS	1571 SAWGRASS CORPORATE PARKWA SUNRISE	FL	USA	USA	33323
TREASURER	LEANNE JANE NICHOLSON	1571 SAWGRASS CORPORATE PARKWA SUNRISE	FL	USA	USA	33323
PRESIDENT	KAREN S. ROHAN	1571 SAWGRASS CORPORATE PARKWA SUNRISE	FL	USA	USA	33323
SECRETARY	MICHELE IRIS HAAS	1571 SAWGRASS CORPORATE PARKWA SUNRISE	FL	USA	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: 08/06/2008 Title: Power of Attorney			
Processed 08/06/2008		* Electronically provided signatures are accepted as original signatures.				