

NO. C103484

Annual Report Form  
Due No Later Than November 30, 1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080  
**NO FEE REQUIRED**

1. Mailing Address - Please Correct, If Not Correct  
CIGNA DENTAL HEALTH, INC.  
~~300 NW 32ND AVE~~ P.O. Box 189060  
PLANTATION FL 33318-9060

C T CORPORATION SYSTEM  
300 NORTH 6TH STREET  
BOISE ID 83701

3. Organized Under the Laws of:  
FL C103484

\* FIRST NOTICE \*

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Zayra F. Calderon	P.O. Box 189060	Plantation	FL	33318
VP/Secretary	Gail M. Garcia	P.O. Box 189060	Plantation	FL	33318
Director	Zayra F. Calderon	P.O. Box 189060	Plantation	FL	33318
Director	Gail B. Marcus	P.O. Box 189060	Plantation	FL	33318
Director	John M. Wilkinson	P.O. Box 189060	Plantation	FL	33318

5. NATURE OF BUSINESS  
PREPAID DENTAL PLAN

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  
Signature Gail M. Garcia Date 10/10/96  
Name (Typed or Printed) Gail M. Garcia Title VP/Secretary

ISSUED: 07-06-1996