2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14316

Entity Name: CIGNA DENTAL HEALTH, INC.

FILED Apr 30, 2008 Secretary of State

| Littly Nan | ie. CIGNA DE | INTAL FILALTH, INC. | | | | |
|--|---|--------------------------------|---|---|--|--|
| Current Principal Place of Business: | | | New Princ | New Principal Place of Business: | | |
| 1571 SAWGRASS CORP PKWY STE. 140 SUNRISE, FL 33323 | | | | 1571 SAWGRASS CORP PKWY SUNRISE, FL 33323 | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | | |
| 300 NW 82ND AVE. STE. 700 PLANTATION, FL 33324 | | | | 1571 SAWGRASS CORP PKWY SUNRISE, FL 33323 | | |
| FEI Number: | 59-2308055 | FEI Number Applied For () FEI | Number Not Appl | olicable () Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: Name | | | | d Address of New Registered Agent: | | |
| 1200 SOUT PLANTATIO | | D ROAD US | e of changing i | its registered office or registered agent, or both, | | |
| SIGNATUR | ?F· | | | | | |
| Electronic Signature of Registered Agent | | | | Date | | |
| Election Cam | npaign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | NS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | VSD () HAAS, MICHELE 1571 SAWGRAS SUNRISE, FL 33 | S CORP PKWY | Title: Name: Address: City-St-Zip: | SD (X) Change () Addition HAAS, MICHELE I 1571 SAWGRASS CORP PKWY SUNRISE, FL 33323 | | |
| Title: Name: Address: City-St-Zip: | PD () ROHAN, KAREN 900 COTTAGE G HARTFORD, CT | ROVE RD | Title: Name: Address: City-St-Zip: | PD (X) Change () Addition ROHAN, KAREN S 1571 SAWGRASS CORP PKWY SUNRISE, FL 33323 | | |
| Title: Name: Address: City-St-Zip: | VD () I DEMAIO, BARBA 900 COTTAGE G HARTFORD, CT | ROVE RD | Title: Name: Address: City-St-Zip: | V (X) Change () Addition FLEBOTTE, LAUREL ANN 1571 SAWGRASS CORP PKWY SUNRISE, FL 33323 | | |
| Title: Name: Address: City-St-Zip: | VT () I NICHOLSON, LE 900 COTTAGE G HARTFORD, CT | ROVE RD | Title: Name: Address: City-St-Zip: | T (X) Change () Addition NICHOLSON, LEANNE J 1571 SAWGRASS CORP PKWY SUNRISE, FL 33323 | | |
| Title: Name: Address: City-St-Zip: | ()! | Delete | Title: Name: Address: City-St-Zip: | D () Change (X) Addition VAYER, JULIE ANN 1571 SAWGRASS CORP PKWY SUNRISE, FL 33323 | | |
| Title: Name: Address: City-St-Zip: | () | Delete | Title: Name: Address: City-St-Zip: | S () Change (X) Addition YOUNG, DEBORAH LYNN 1571 SAWGRASS CORP PKWY SUNRISE FL 33323 | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SPANGLER POA 04/30/2008