

Notice of Intent to Provide Dental Coverage in the Exchange	
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Issuer Name:	
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Please lists the State or States in which the issuer intendeds to offer coverage in an Exchange as a stand-alone dental plan:	
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Please complete the following information for each State in which the issuer intendeds to offer dental coverage.	
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State:	
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Individual Market Intended Participation:	
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Small Group Market Intended Participation:	
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Individual Market Intended Service Area:	
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Small Group Market Intended Service Area:	
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