

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G29835

FILED
May 02, 2008
Secretary of State

Entity Name: CIGNA DENTAL HEALTH OF FLORIDA, INC.

Current Principal Place of Business:

1571 SAWGRASS CORPORATE PARKWAY
STE. 140
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY
STE. 140
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 59-1611217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROHAN, KAREN S
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: VTD () Delete
Name: NICHOLSON, LEANNE J
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: P (X) Delete
Name: ROHAN, KAREN S
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: VSD () Delete
Name: HAAS, MICHELE I
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VD (X) Delete
Name: DEMAIO, BARBARA G
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ROHAN, KAREN S
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: TD (X) Change () Addition
Name: NICHOLSON, LEANNE J
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HAAS, MICHELE I
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

05/02/2008

Electronic Signature of Signing Officer or Director

Date