

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**May 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G14316 (5)

1. Corporation Name
CIGNA DENTAL HEALTH, INC.



Principal Place of Business 300 NW 82ND AVE. STE. 700 PLANTATION FL 33324	Mailing Address 300 NW 82ND AVE. STE. 700 PLANTATION FL 33324-1858
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3. Date Incorporated or Qualified 12/22/1982	3a. Date of Last Report 04/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number 59-2308055	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CALDERON, ZAYRA F.	
STREET ADDRESS	300 NW 82ND AVE., STE. 700	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GARCIA, GAIL M.	
STREET ADDRESS	300 NW 82ND AVE., STE. 700	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	HUGHES, ROBERT J.	
STREET ADDRESS	300 NW 82ND AVENUE STE 700	
CITY-ST-ZIP	PLANTATION FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKINSON, JOHN	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY-ST-ZIP	BLOOMFIELD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Douglas E. Klinger	
1.3 STREET ADDRESS	300 N.W. 82nd Avenue, Ste. 700	
1.4 CITY-ST-ZIP	Plantation, FL 33324	
2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gail M. Garcia	
2.3 STREET ADDRESS	300 N.W. 82nd Avenue, Ste. 700	
2.4 CITY-ST-ZIP	Plantation, FL 33324	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	H. Edward Hanway	
4.3 STREET ADDRESS	300 N.W. 82nd Avenue, Ste. 700	
4.4 CITY-ST-ZIP	Plantation, FL 33324	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Marc L. Preminger	
5.3 STREET ADDRESS	300 N.W. 82nd Avenue, Ste. 700	
5.4 CITY-ST-ZIP	Plantation, FL 33324	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Hughes* **Robert J. Hughes** 04/28/97 (954) 423-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)