

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

FILED

**May 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G14316 (5)

1. Corporation Name
CIGNA DENTAL HEALTH, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 300 NW 82ND AVE. STE. 700 PLANTATION FL 33324	Mailing Address 300 NW 82ND AVE. STE. 700 PLANTATION FL 33324
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3. Date Incorporated or Qualified
12/22/1982

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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4. FEI Number
59-2308055

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CD
NAME	KLINGER, DOUGLAS E	1.2 NAME	Douglas E. Klinger
STREET ADDRESS	300 NW 82ND AVE, STE 700	1.3 STREET ADDRESS	300 N.W. 82nd Avenue, Suite# 700
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	VS	2.1 TITLE	
NAME	GARCIA, GAIL M.,	2.2 NAME	
STREET ADDRESS	300 NW 82ND AVE., STE. 700	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	VT
NAME	HUGHES, ROBERT J.	3.2 NAME	Karen S. Rohan
STREET ADDRESS	300 NW 82ND AVENUE STE 700	3.3 STREET ADDRESS	300 N.W. 32nd Avenue, Suite# 700
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D	4.1 TITLE	PD
NAME	HANWAY, H E	4.2 NAME	Thomas A. Croswell
STREET ADDRESS	300 NW 82ND AVE, STE 700	4.3 STREET ADDRESS	300 N.W. 82nd Avenue, Suite# 700
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D	5.1 TITLE	DV
NAME	PREMINGER, MARC L	5.2 NAME	Robert J. Hughes
STREET ADDRESS	300 NW 82ND AVE, STE 700	5.3 STREET ADDRESS	300 N.W. 82nd Avenue, Suite# 700
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE		6.1 TITLE	Asst. Treasurer
NAME		6.2 NAME	Laila K. Thompson
STREET ADDRESS		6.3 STREET ADDRESS	300 N.W. 82nd Avenue, Suite# 700
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plantation, FL 33324

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14. I 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: *Laila Thompson* Laila Thompson 04/06/98 (954) 423-5800

CR2E034 (10/97)