

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14316

FILED
Apr 09, 2011
Secretary of State

Entity Name: CIGNA DENTAL HEALTH, INC.

Current Principal Place of Business:

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 59-2308055

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: MANDERS, MATTHEW G
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: VP
Name: FLEBOTTE, LAUREL ANN
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: SEC
Name: MAPP, SHERMONA
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: TDIR
Name: SMITH, WILLIAM JOHN
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: DIR
Name: VAYER, JULIE ANN
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

04/09/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date