

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G14316

FILED
Apr 26, 2012
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:

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

Current Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323

New Mailing Address:

1571 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33323 US

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

Title: DTVP
Name: BRUNDIN, KELLY K DTVP
Address: 1571 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

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

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

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

04/26/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date