

# 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