

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G14316

**Entity Name:** CIGNA DENTAL HEALTH, INC.

**Current Principal Place of Business:**

1571 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323

**Current Mailing Address:**

1571 SAWGRASS CORPORATE PARKWAY  
SUNRISE, FL 33323 US

**FEI Number:** 59-2308055

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title	TREASURER/VICE PRESIDENT/DIRECTOR
Name	BRUNDIN, KELLY K.
Address	1571 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323
Title	PRESIDENT/CHIEF EXECUTIVE OFFICER/CHAIR OF THE BOARD
Name	MANDERS, MATTHEW G.
Address	1571 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323

Title	SECRETARY
Name	KRISHTUL, ANNA
Address	1571 SAWGRASS CORPORATE PARKWAY
City-State-Zip:	SUNRISE FL 33323
Title	DIRECTOR
Name	VAYER, JULIE A.
Address	1571 SAWGRASS CORPORATE PARKWAY
City-State-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:** ANNA KRISHTUL

**SECRETARY**

**04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date