

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G14316

**FILED**  
**May 28, 2020**  
**Secretary of State**  
**0632815760CC**

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

**Current Principal Place of Business:**

1571 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
SUNRISE, FL 33323

**Current Mailing Address:**

1571 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
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 DIRECTOR  
Name BENEDICT, AMIE  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name MEADE, JASON  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR  
Name SCARDELLETTE, FREDERICK  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT  
Name SCARDELLETTE, FREDERICK  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT  
Name BENEDICT, AMIE  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT  
Name FLEMING, MARK  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT  
Name HART, JOANNE  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT  
Name LAMBERT, SCOTT  
Address 1571 SAWGRASS CORPORATE PARKWAY SUITE 140  
City-State-Zip: SUNRISE FL 33323

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*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:** JILL STADELMAN

**SECRETARY**

**05/28/2020**

**Officer/Director Detail Continued :**

Title VICE PRESIDENT  
Name MEADE, JASON  
Address 1571 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT  
Name THOMAS, LANCE  
Address 1571 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title SECRETARY  
Name STADELMAN, JILL  
Address 1571 SAWGRASS CORPORATE PARKWAY  
SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title VICE PRESIDENT  
Name REYNOLDS, DREW  
Address 1571 SAWGRASS CORPORATE  
PARKWAY  
SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title TREASURER  
Name LAMBERT, SCOTT  
Address 1571 SAWGRASS CORPORATE  
PARKWAY  
SUITE 140  
City-State-Zip: SUNRISE FL 33323

Title CHIEF EXECUTIVE OFFICER  
Name SCARDELLETTE, FREDERICK  
Address 1571 SAWGRASS CORPORATE  
PARKWAY  
SUITE 140  
City-State-Zip: SUNRISE FL 33323