

1.) CORPORATION NAME:

**CIGNA DENTAL HEALTH, INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**FL**

DUE DATE: **11/30/2010**

SCC ID NO: **F0526659**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000
PREFER	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1571 SAWGRASS CORPORATE PARKWAY

CITY/ST/ZIP: SUNRISE, FL 33323-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: WILLIAM JOHN SMITH  
TITLE: VP/T  
ADDRESS: 1571 SAWGRASS CORPORATE PARKWAY  
CITY/ST/ZIP/CO: SUNRISE, FL 33323-

OFFICER

DIRECTOR

NAME: JULIE ANN VAYER  
TITLE: VICE PRESIDENT  
ADDRESS: 1571 SAWGRASS CORPORATE PARKWAY  
CITY/ST/ZIP/CO: SUNRISE, FL 33323-

OFFICER

DIRECTOR

NAME: LAUREL ANN FLEBOTTE  
TITLE: VICE PRESIDENT  
ADDRESS: 1571 SAWGRASS CORPORATE PARKWAY  
CITY/ST/ZIP/CO: SUNRISE, FL 33323-

OFFICER

DIRECTOR

NAME: SHERMONA MAPP  
TITLE: CORP SEC/SEC  
ADDRESS: 1571 SAWGRASS CORPORATE PARKWAY  
CITY/ST/ZIP/CO: SUNRISE, FL 33323-

OFFICER

DIRECTOR

NAME: MATTHEW G MANDERS  
TITLE: CEO/P  
ADDRESS: 1571 SAWGRASS CORPORATE PARKWAY  
CITY/ST/ZIP/CO: SUNRISE, FL 33323-

OFFICER

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ SHERMONA MAPP</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SHERMONA MAPP, CORP SEC/SEC</u> PRINTED NAME AND CORPORATE TITLE	<u>10/19/2010</u> DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.