



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2012

**1. Corporate ID No.** 000046889

**2. Name of Corporation** CIGNA DENTAL HEALTH, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1571 SAWGRASS CORPORATE PARKWAY

City or Town: SUNRISE

State: FL Zip: 33323 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: FL

**6. Brief Description of the Character of Business Conducted in Rhode Island**

Provides management services & serves as a holding company for dental health care subsidiaries; third party administrator

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MATTHEW G. MANDERS	1571 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 USA
TREASURER	WILLIAM JOHN SMITH	1571 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 USA
SECRETARY	SHERMONA MAPP	1571 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 USA
VICE PRESIDENT	WILLIAM JOHN SMITH	1571 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 USA
DIRECTOR	JULIE ANN VAYER	1571 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 USA
DIRECTOR	WILLIAM JOHN SMITH	1571 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	2,000,000.00	987500
PWP		\$0.01	1,000,000.00	0

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 21 Day of January, 2012 at 11:54:23 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LAURA LOUIS  
Signature of Authorized Representative of the Corporation

POA  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07