103484

State of Idaho

Department of State

CERTIFICATE OF AUTHORITY
OF

CIGNA DENTAL HEALTH, INC.

I, PETE T. CENARRUSA, Secretary of State of the State of Idaho, hereby certify that duplicate originals of an Application of CIGNA DENTAL HEALTH, INC. for a Certificate of Authority to transact business in this State, duly signed and verified pursuant to the provisions of the Idaho Business Corporation Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Authority to CIGNA DENTAL HEALTH, INC. to transact business in this State under the name CIGNA DENTAL HEALTH, INC. and attach hereto a duplicate original of the Application for such Certificate.

Dated: September 24, 1993



Fite of Generiusa SECRETARY OF STATE

By Cara Dubel

APPLICATION FOR CERTIFICATE OF AUTHORITY

	SEP 24 1 49 PM 193 (Profit Corpora	ation)			
-	o the Secretary of State of Idaho	SEC. OF STATE			
10	o the Secretary of State of Idaho Pursuant to Section 30-1-110, Idaho Code, the undersigned (Authority to transact business in your State, and for that purpo	Corporation bereith pales for a Certificate of			
1.	1. The name of the corporation isCIGNA Dental Health, Inc.				
2.	The name which it shall use in Idaho is				
	(To be used only when required to avoid a conflict with a nam a Board of Directors resolution adopting assumed name in Ida	ne already on file. Must be accompanied by aho.)			
3.	It is incorporated under the laws of Ploxida				
4.	The date of its incorporation is December 22, 1982 and the period of its duration is				
	Perpetual				
	The address of its principal office in the state or country under 1525 N.W. 167th Street, Miami, Florida 33169 The address to which correspondence should be addressed, if	3			
	Same	different from that in item 5.			
7.	7. The street address of its proposed registered office in Idaho is 300 North 6th Street				
	Boise, Idaho 83701	, and the name of its proposed			
	registered agent in Idaho at that address is $\frac{C-T-Corporatio}{C-T-Corporatio}$				
8.	The purpose or purposes which it is proposed to pursue in the to Dental information and management services. No The purpose of the corporation is to engage in	Notwithstanding the foregoing,			
	which corporations may be organized to do busing	iness under the laws of Idaho.			
((Continued on reverse)				
	Submit application and certificate of status to:	Secretary of State use only			

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ELASINE A. JANES A. Notory Phoble, State of Christeenaux No. 48816 - certiana a. Esperso Jane **30, 196**8

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File Two Copies along with a Certificate of Corporate Status or Existence

Fee: \$100 if typed with no attachments \$120 if not type or if attachments are included

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Office of the Secretary of State

Division of Corporations

Statehouse, Room 203

Boise, Idaho 83720

فالمالة لتماميه والمامية	Office	Address
See attached list of directors and officers		***
The corporation accepts and of Idaho.	shall comply with the prov	isions of the Constitution and the laws of the Stat
	nied by a Certificate of Corr	porate Status or Existence, duly authenticated by
proper officer of the state or		
Dated: 8/30/93		
		IGNA Dental Health, Inc.
		(Cooperation Name)
	Ву	
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	and 9am	da Divilliams
P	amela S. Williams Its	() OT
P STATE OF <u>Connecticut</u>	amela S. Williams Its	da Divilliams
P STATE OF <u>Connecticut</u> COUNTY OF <u>Hartford</u>	amela S. Williams Its:))es:)	Secretary Assistant Secretary please specify
P STATE OF <u>Connecticut</u> COUNTY OF <u>Hartford</u>	amela S. Williams Its:))es:)	Secretary Assistant Secretary please specify
STATE OF Connecticut COUNTY OF Hartford 1, $\frac{E}{a}$, ne A this $30+h$ day	Jarma of August	Corretary Assistant Secretary Splease specify , a notary public, do hereby certify that on , 19 23, personally appeared before
STATE OF Connecticut COUNTY OF Hartford 1, E/a,'ne A this 30+h day	Jarma of August	de Divilians
STATE OF Connecticut COUNTY OF Hartford I, E/a,'ne A this 30 + h day me Elizabeth M. George	Jarma of August wh	Corretary Assistant Secretary Splease specify , a notary public, do hereby certify that on , 19 23, personally appeared before
STATE OF Connecticut COUNTY OF Hartford I, E/a,'ne A this 30 + h day me Elizabeth M. George	of	Corretar Assistant Secretary (please specify , a notary public, do hereby certify that on , 19 93, personally appeared before o being by me first duly sworn, declared that (s)h
STATE OF Connecticut COUNTY OF Hartford I, \(\sum_{a'} n e \) this \(\sum_{a'} \) this \(\sum_{a'} \) Elizabeth M. George Is the \(\text{Vice President} \)	emela S. Williams Its See:	Secretary (please specify
STATE OF Connecticut COUNTY OF Hartford I. E. a. n.e. A this 30 + h day me Elizabeth M. George s the Vice President that (s)he signed the foregoing do	amela S. Williams Its)es:) of	Secretary Assistant Secretary (please specify
STATE OF Connecticut COUNTY OF Hartford I. Elaine A this 30 + h day me Elizabeth M. George Is the Vice President that (s)he signed the foregoing do the statements therein contained	amela S. Williams Its)es:) of	Secretary Assistant Secretary (please specify
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STATE OF Connecticut COUNTY OF Hartford I, E a ne A this 30 + h day me Elizabeth M. George Is the Vice President that (s)he signed the foregoing do the statements therein contained	amela S. Williams Its Second Secon	Secretary Assistant Secretary (please specify

Corporate Profile System Director Business Address List As of 09/01/93

CIGNA DENTAL HEALTH, INC.

Name, & Title

Business Address

ROBERT CHRIS DOERR

900 COTTAGE GROVE ROAD

MEMBER OF BOARD OF DIRECTORS

BLOOMFIELD

BLOOMFIELD

CONNECTICUT 06002

LAURENCE PAUL ENGLISH

900 COTTAGE GROVE ROAD

MEMBER OF BOARD OF DIRECTORS

CONNECTICUT 06002

Corporate Profile System Officer Business Address List As of 09/01/93

CIGNA DENTAL HEALTH, INC.

Name, Cara & Title	Business Address
LAWRENCE PAUL ENGLISH	900 COTTAGE GROVE ROAD
CHAIRMAN OF THE BOARD	BLOOMFIELD CONNECTICUT 06002
ZAYRA FELICIA CALDERON	1525 N.W. 167TH STREET
PRESIDENT	HIANI FLORIDA 33169
GAIL MURPHY GARCIA	1525 N.W. 167TH STREET
SECOND ADMINISTRATION	
VICE PRESIDENT SECRETARY	MIAMI FLORIDA 33169
SECRETARY	FLORIDA 33169
SECRETARY ***********************************	FLORIDA 33169
SECRETARY ELIZABETH M. GEORGE	FLORIDA 33169 900 COTTAGE GROVE ROAD
SECRETARY ELIZABETH M. GEORGE VICE PRESIDENT COUNSEL	FLORIDA 33169 900 COTTAGE GROVE ROAD BLOOMFIELD CONNECTICUT 06002
SECRETARY ELIZABETH M. GEORGE VICE PRESIDENT COUNSEL	FLORIDA 33169 900 COTTAGE GROVE ROAD BLOOMFIELD
SECRETARY ELIZABETH M. GEORGE VICE PRESIDENT COUNSEL BENJAMIN KEITH MAYNES VICE PRESIDENT	FLORIDA 33169 900 COTTAGE GROVE ROAD BLOOMFIELD CONNECTICUT 06002
SECRETARY ELIZABETH M. GEORGE VICE PRESIDENT COUNSEL BENJAMIN KEITH MAYNES	FLORIDA 33169 900 COTTAGE GROVE ROAD BLOOMFIELD CONNECTICUT 06002

Corporate Profile System Officer Business Address List As of 09/01/93

CIGNA DENTAL HEALTH, INC.

Name, Manual Title	Business Address
DAVID CHARLES KOPP CORPORATE SECRETARY	900 COTTAGE GROVE ROAD BLOOMFIELD
	CONNECTICUT 06002
NANCY CAREY ATHERTON ASSISTANT SECRETARY	900 COTTAGE GROVE ROAD S-260 BLOOMFIELD CONNECTICUT 06002
HOWARD ROBERT LOOS ASSISTANT SECRETARY	900 COTTAGE GROVE ROAD BLOOMFIELD CONNECTICUT 06002
PAMELA S. WILLIAMS ASSISTANT SECRETARY	900 COTTAGE GROVE ROAD BLOOMFIELD CONNECTICUT 06002
GAIL BOXER MARCUS ASSISTANT TREASURER	900 COTTAGE GROVE ROAD BLOOMFIELD CONNECTICUT 06002
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I certify from the records of this office that CIGNA DENTAL HEALTH, INC. is a corporation organized under the laws of the State of Florida, filed on December 22, 1982.

The document number of this corporation is G14316.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1993, that its most recent annual report was filed on May 1, 1993, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twenty-fifth day of August, 1993

CR2EO22 (2-91)

Jim Smith

Secretary of State