



3100 SW 145<sup>th</sup> Avenue  
Suite 201  
Miramar, FL 33027

May 1<sup>st</sup>, 2019

Brenda Billingsley  
Director of Purchasing, Broward County Government  
115 S. Andrews Avenue  
Room 212  
Fort Lauderdale, FL 33301

RE: Formal Protest of GEN 2116451P2 – Group Dental DPPO Insurance

Dear Ms. Billingsley:

On behalf of United Healthcare Insurance Company, we wish to file a formal protest regarding GEN 2116451P2 – Group Dental Preferred Provider Organization (DPPO) Insurance rebid.

Our protest is with the award of the 5 points for Location for Cigna Dental Health, Inc. through Broward County's RFP-RFQ-RLI Location Attestation Form (Evaluation Criteria). We protest this award of Location points for Cigna Dental Health, Inc. was not the vendor entity that submitted a proposal for this coverage, they are not the entity that would provide the coverage, and their corporation's officers as documented on the Florida Department of State Division of Corporations (Sunbiz.org) are not located at the 1571 Sawgrass Corporate Parkway, Suite 140, Sunrise, FL 33323.

**Vendor Entity Listed on Submittal Documents** – On pages 1 through 14 of the supporting documentation which were obtained from the Broward County Government Purchasing Department's webpage with Cigna's submittal, the Vendor who proposed this coverage is Cigna Health and Life Insurance Company (CHLIC) which is located at 900 Cottage Grove Road, Bloomfield, CT 06002, and not Cigna Dental Health, Inc. These documents include the following;

- Cigna's Cover Letter – page 1
- Broward County Government's Evaluation Criteria Response Form – page 2
- Broward County Government's Vendor Questionnaire Form – page 3
- Florida Office of Insurance Regulation certificate – page 4
- State of Florida Department of State certificate – page 5
- Cigna 2018 Annual Report – page 6 & 7
- Broward County Records, Taxes and Treasury Division report – page 8
- Broward County Government's RFP-RFQ-RLI Location Attestation Form signed by Scott Evelyn, Vice President of Cigna Health and Life Insurance Company (CHLIC) – pages 9 – 13

**BRWD CTY PURCHASING**  
**2019 MAY 1 PM4:14**

**Vendor to Provide Listed Coverage** – On pages 15 and 17 of the supporting documentation, the Vendor who is going to provide the DPPO dental coverage is Cigna Health and Life Insurance Company with a Home Address of Bloomfield, Connecticut, not Cigna Dental Health, Inc. These documents include the following:

- Cigna’s Sample Policy for the Florida DPPO – page 15
- Cigna’s Certificate of Liability Insurance per Broward County requirements – page 16 & 17

**Cigna Dental Health, Inc.’s Corporate Officers are not located in Broward County** – per the Broward County Government RFP-RFQ-RLI Location Attestation Form (Evaluation Criteria) (copy provided on pages 18 and 19 of the supporting documents), under the Broward County definition of a principal place of business, point 2 states that “*A principal place of business refers to the place where a corporation’s officers direct, control and coordinate the corporation’s day-to-day activities.*” Then next to the box that needs to be checked to be awarded the 5 points for Location it states “*The Vendor certifies that it has a principal place of business (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements: 1. Vendor’s address listed in its submittal is its principal place of business as defined by Broward County;...*”

Based upon calling Cigna Dental Health, Inc. at the (954) 514-6600 phone number listed for them under Sunbiz.org and through a Google/LinkedIn search of their corporate officers (Sunbiz.org listing provided on pages 20 through 23 of the supporting documents) we were unable to contact any of them at the 1571 Sawgrass Corporate Parkway, Suite 140, Sunrise, FL 33323 address, rather we found that they had corporate addresses located mainly in Pennsylvania and Connecticut. Many of these officers were also on various other Cigna corporate entities in other states, therefor they could not be directing, controlling or coordinating the day-to-day activities of Cigna Dental Health, Inc. from the Sunrise office attested.

- Sunbiz.org listed of corporate officers for Cigna Dental Health – page 20 - 23
- Various web search results for corporate officers – page 24 – 26

Based on the facts listed above, we formally ask to have the 5 points awarded to Cigna Dental Health, Inc., for GEN 2116451P2 – Group Dental Preferred Provider Organization (DPPO) Insurance rebid, for Location removed from their scoring.

Thank you for your consideration in this matter.

Sincerely,



Laurie Mandell  
Vice President of Account Management

Laurie\_Mandell@uhc.com

**Vendor Entity Listed on Submittal Documents**

Broward County Board of  
County Commissioners

GEN2116451P2

**Cigna Benefit Solutions for:**

**Broward County Board of County  
Commissioners**

**GEN2116451P2 (rebid)**

**ELECTRONIC**

November 2018

**A Proposal for:**  
Dental PPO Coverage

**Provided by:**

Listed below are the legal names of the companies submitting this response to the Broward County Board of County Commissioners Request for Proposal. In this proposal, the name "Cigna" and other service marks, or division/trade names, may be used to refer to these companies and/or the products and services offered by them or their affiliates. All affiliated Cigna companies and operating subsidiaries are indirectly wholly owned subsidiaries of Cigna Corporation, a publicly traded corporation.

Cigna Health and Life Insurance Company (CHLIC)

**Together, all the way.®**



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation. The Cigna name, logos and other Cigna marks are owned by Cigna Intellectual Property, Inc.

© 2018 Cigna

**Vendor Entity Listed on Submittal Documents**

Broward County Board of  
County Commissioners

GEN2116451P2

# Evaluation Criteria Response Form

<b>RFP/RLI/RFQ Number and Title</b>	<b>GEN2116451P2 - Group Dental Preferred Provider Organization (PPO) Insurance (rebid)</b>
<b>Vendor Name</b>	Cigna Health and Life Insurance Company (CHLIC)
<b>Vendor Address</b>	900 Cottage Grove Road Bloomfield, CT 06002
<b>Evaluation Criteria</b>	<b>Vendor Response</b>
<p><b>1. LOCATION - TOTAL (5 POINTS)</b> Refer to Vendor's Business Location Attestation Form and submit as instructed.</p> <p>A Vendor with a principal place of business location (also known as the nerve center) within Broward County for the last six months, prior to the solicitation submittal, will receive five points; a Vendor not meeting all of the local business requirements will receive zero points. The following applies for a Vendor responding as a Joint Venture (JV): if a member of the JV has 51% or more of the equity and meets all of the local business requirements, the JV will receive three points; if a member of the JV has 30 to 50% of the equity and meets all of the local business requirements, the JV will receive two points; and if a member of the JV has 10% to 29% of the equity and meets all of the local business requirements, the JV will receive one point. Submit your firm's State of Florida Department of Corporations website listing as evidence of your firm's primary business location.</p> <p>Point Values: 5</p>	<p>We have completed the Vendor's Business Local Attestation Form.</p>
<p><b>2. COMPANY PROFILE, CHARACTERISTICS OF FIRM AND STAFFING - TOTAL (18 POINTS)</b> 2a. Provide basic information for proposing company:</p> <ul style="list-style-type: none"> <li>i. Number of years in the Dental Preferred Provider Organization (PPO) business</li> <li>ii. Total number of current employees</li> <li>iii. Average seniority of current employees</li> <li>iv. Describe the company's organization, philosophy, management.</li> </ul>	<ul style="list-style-type: none"> <li>i. - Approximately 45 years.</li> <li>ii. - As of January 2018, Cigna has 43,536 global employees across divisions.</li> <li>iii. - Our dental claims staff averages approximately 17 years of service while our dental call center staff averages 10 years.</li> <li>iv. - Through its predecessor companies, Cigna has been in the insurance field for more than 200 years. Today, Cigna companies comprise one of the nation's leading providers of member covered services, health care coverage, and insurance plan coverages to businesses and members worldwide. Cigna</li> </ul>
<p>2b. List Key Members of proposed Account Team who will provide professional, customer service and/or technical support services on this contract. Include:</p> <ul style="list-style-type: none"> <li>i. Name and contact information.</li> <li>ii. Job title and number of years of service with your organization and brief resume covering at least the last 5 years.</li> <li>iii. Location of the office they will be working from.</li> </ul> <p>Point Values: 3</p>	<ul style="list-style-type: none"> <li>i. &amp; ii. - Please refer to the resumes we have provided for each of the account team members that will be assigned to the County.</li> <li>iii - The account management team assigned to the County is aligned to the Sunrise, FL office.</li> </ul>

**Vendor Entity Listed on Submittal Documents**

Broward County Board of  
County Commissioners

GEN2116451P2

## Vendor Questionnaire Form

The completed Vendor Questionnaire Form and supporting information (if applicable) should be returned with Vendor’s submittal. If not provided with submittal, the Vendor must submit within three business days of County’s request. Failure to timely submit may affect Vendor’s evaluation.

**If a response requires additional supporting information, the Vendor should provide a written detailed response as indicated on the form.** The completed questionnaire and responses will become part of the procurement record. It is imperative that the person completing the Vendor Questionnaire Form be knowledgeable about the proposing Vendor’s business profile and operations.

<b>Solicitation Number :</b>		<b>GEN2116451P2</b>
<b>Title :</b>		<b>Group Dental Preferred Provider Organization (PPO) Insurance (rebid)</b>
1. Legal business name:		Cigna Health and Life Insurance Company (CHLIC)
2. Doing Business As/ Fictitious Name (if applicable):		Not applicable
3. Federal Employer I.D. no. (FEIN):		59-1031071
4. Dun and Bradstreet No.:		831744102
5. Website address (if applicable):		Cigna.com
6. Principal place of business address:	Address Line 1	900 Cottage Grove Rd.
	Address Line 2	
	City	Bloomfield
	State	CT
	Zip Code	06002
	Country	USA
7. Office location responsible for this project:		1571 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33322
8. Telephone no.:		954.514.6872
9. Fax no.:		954.514.6905
10. Type of business:	Type of Business (Select from the dropdown list)	

**Vendor Entity Listed on Submittal Documents**

12/4/2018

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*Florida Office of Insurance Regulation*

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**CIGNA HEALTH AND LIFE INSURANCE  
COMPANY**

Is hereby authorized to transact insurance in the  
State of Florida.

This certificate signifies that the company has  
satisfied all requirements of Florida Insurance  
Code for the issuance of a Life And Health Insurer  
Certificate Of Authority and remains subject to the  
laws of Florida.

Date of Issuance: February 17, 1964

No. 10 - 591031071

  
Kevin M. McCarty  
Commissioner  
Office of Insurance Regulation

Broward County Board of  
County Commissioners

Bidsync

p. 321

2/17/18  
GEN2116451P2

**Vendor Entity Listed on Submittal Documents**

Broward County Board of County Commissioners	GEN2116451P2	
<h1><i>State of Florida</i></h1> <h2><i>Department of State</i></h2>		
<p>I certify from the records of this office that CIGNA HEALTH AND LIFE INSURANCE COMPANY is a Connecticut corporation authorized to transact business in the State of Florida, qualified on June 4, 1996.</p>		
<p>The document number of this corporation is F96000002814.</p>		
<p>I further certify that said corporation has paid all fees due this office through December 31, 2018, that its most recent annual report/uniform business report was filed on April 11, 2018, and that its status is active.</p>		
<p>I further certify that said corporation has not filed a Certificate of Withdrawal.</p>		
<p><i>Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fourth day of September, 2018</i></p>		
	<p><i>Ken DeFries</i> <b>Secretary of State</b></p>	
<table border="1"><tr><td><p>Tracking Number: CU0330349147</p><p>To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.</p><p><a href="https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication">https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication</a></p></td></tr></table>		<p>Tracking Number: CU0330349147</p> <p>To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.</p> <p><a href="https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication">https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication</a></p>
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United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

**Vendor Entity Listed on Submittal Documents**

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT** Broward County Board of  
County Commissioners

GEN2116451P2

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC2488396346**

DOCUMENT# F96000002814

Entity Name: CIGNA HEALTH AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

900 COTTAGE GROVE ROAD  
BLOOMFIELD, CT 06002

Current Mailing Address:

900 COTTAGE GROVE ROAD  
BLOOMFIELD, CT 06002 US

FEI Number: 59-1031071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 RUSSELL, DAVID  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name POTANKA, EDWARD  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name HUGGINS, JULIA  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name BUCKLEY, TIMOTHY  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name BOURDON, DAVID  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name SMITH, VICTORIA  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name OVERBYE, KATHERINE  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name MCGOLDRICK, FRANCIS  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Continues on page 2

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

04/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

**Vendor Entity Listed on Submittal Documents**

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Officer/Director Detail Continued :		Broward County Board of County Commissioners	GEN2116451P2
Title	DIRECTOR	Title	TREASURER
Name	MC GINLEY-GRAZIOSI, SHEILA	Name	LAMBERT, SCOTT
Address	900 COTTAGE GROVE ROAD	Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002	City-State-Zip:	BLOOMFIELD CT 06002
Title	SECRETARY	Title	PRESIDENT
Name	KRISHTUL, ANNA	Name	HUGGINS, JULIA
Address	900 COTTAGE GROVE ROAD	Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002	City-State-Zip:	BLOOMFIELD CT 06002
Title	DIRECTOR	Title	DIRECTOR
Name	HOUGH, CAROL	Name	GORMAN, STEPHANIE
Address	900 COTTAGE GROVE ROAD	Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002	City-State-Zip:	BLOOMFIELD CT 06002
Title	DIRECTOR	Title	DIRECTOR
Name	SNOW, CHRISTOPHER	Name	SATALINE, FRANK JR.
Address	900 COTTAGE GROVE ROAD	Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002	City-State-Zip:	BLOOMFIELD CT 06002

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

Vendor Entity Listed on Submittal Documents

11/16/2018

2017 roll details - Tangible Property Account #C00001418135 of TaxSys - Broward County Records, Taxes & Treasury Div.  
County Commissioners

GEN2116451P2



The Broward County 2018 Tax Roll is Now Open for Collection. Tax Bills were mailed October 31st, and can now be paid online. 2018 3rd Installment Bills will be mailed December 1st.

Enroll now for Next Year's (2019) Quarterly Installment Plan: Click Here for the 2019 online application which you can automatically email to our office when completed. Taxes paid through Esrow Arrangement are not eligible for this plan.

**LOCAL BUSINESS TAX PAYMENTS.** After your online payment is completed and confirmed, please PRINT YOUR BUSINESS TAX RECEIPT from the link shown on the same payment receipt page. To request a printed receipt to be mailed to you, contact [businesstax@broward.org](mailto:businesstax@broward.org)

**CREDIT & DEBIT CARD CONVENIENCE FEES:** Credit and Debit card transactions will be charged 2.55% of the full payment amount (\$1.95 minimum fee). You will be shown and asked to approve the amount of this NON-REFUNDABLE convenience fee before completing your payment and check-out process. **There is NO FEE for making payment by eCheck.**

If you need to request Wire Payment Instructions: email your request to [revenue@broward.org](mailto:revenue@broward.org).

2017 Roll Details — Tangible Property Account #C00001418135 [Print This Page](#)

Tangible Property Account #C00001418135 [Parcel details](#) [Latest bill](#) [Full Bill History](#)

Pay All: \$10,828.18

2018	2017	2016	2015	...	2004
\$10828.18 due	PAID	PAID	PAID		PAID

PAID 2017-12-01  
\$11,722.11  
Effective 2017-11-30  
Receipt #LSD-17-00014823  
[Print Receipt](#)

Owner: CIGNA HEALTH & LIFE INSURANCE  
CS TAX DEPT  
900 COTTAGE GROVE RD  
HARTFORD, CT 06155-0001  
 Situs: (unknown)

Account number: C00001418135  
Alternate Key: 503435  
Millage code: 2112  
Millage rate: 20.67070  
Assessed value: \$15,717  
School assessed value: \$15,717  
Unimproved land value: \$15,717

Exemptions

TANGIBLE EXEMPTION: 25,000

2017 Annual bill

Ad valorem: \$12,210.53  
Non-ad valorem: \$0.00  
Total Discountable: 12210.53  
No Discount NAWA: 0  
Total tax:

[View](#)

Legal description

1571 SAMGRASS CORP PWY AREA G

Location

Book, page, item: --  
Property class: 3  
Township: 00  
Range: 00  
Section: 01



## Vendor Entity Listed on Submittal Documents

Broward County Board of  
County Commissioners

GEN2116451P2

### Supplier Response Form

#### RFP-RFQ-RLI LOCATION ATTESTATION FORM (EVALUATION CRITERIA)

The completed and signed form and supporting information (if applicable, for Joint Ventures) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting information may affect the Vendor's evaluation. Provided information is subject to verification by the County.

A Vendor's principal place of business location (also known as the nerve center) within Broward County is considered in accordance with Evaluation Criteria. The County's definition of a principal place of business is:

1. As defined by the Broward County Local Preference Ordinance, "Principal place of business means the nerve center or center of overall direction, control and coordination of the activities of the bidder [Vendor]. If the bidder has only one (1) business location, such business location shall be considered its principal place of business."
2. A principal place of business refers to the place where a corporation's officers direct, control, and coordinate the corporation's day-to-day activities. It is the corporation's 'nerve center' and in practice it should normally be the place where the corporation maintains its headquarters; provided that the headquarters is the actual center of direction, control, and coordination, i.e., the 'nerve center', and not simply an office where the corporation holds its board meetings (for example, attended by directors and officers who have traveled there for the occasion).

The Vendor's principal place of business in Broward County shall be the Vendor's "Principal Address" as indicated with the Florida Department of State Division of Corporations, for at least six months prior to the solicitation's due date.

Check one of the following:

- The Vendor certifies that it has a principal place of business location (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements:

1. Vendor's address listed in its submittal is its principal place of business as defined by Broward County;
2. Vendor's "Principal Address" listed with the Florida Department of State Division of Corporations is the same as the address listed in its submittal and the address was listed for at least six months prior to the solicitation's opening date. A copy of Florida Department of State Division of Corporations (Sunbiz) is attached as verification.
3. Vendor must be located at the listed "nerve center" address ("Principal Address") for at least six (6) months prior to the solicitation's opening date;
4. Vendor has not merged with another firm within the last six months that is not headquartered in Broward County and is not a wholly owned subsidiary or a holding company of another firm that is not headquartered in Broward County;

**\*Please note that the bidding entities, Cigna Health and Life Insurance Company (CHLIC) and Cigna Dental Health, Inc. are indirect, wholly owned subsidiaries of Cigna Corporation, which is a publicly traded corporation located at 900 Cottage Grove Road, Hartford, CT 06152. Cigna Corporation is a holding company and is not an insurance or an operating company; however, all products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Cigna Dental Health, Inc. and related legal entities are located in Broward County at 1571 Sawgrass Corporate Parkway Suite 140 Sunrise, FL 33323.**

### Vendor Entity Listed on Submittal Documents

5. If awarded a contract, it is the intent of the Vendor to remain at the referenced address for the duration of the contract term, including any renewals, extensions or any approved interim contracts for the services provided under this contract; and
6. The Vendor understands that if after contract award, the County learns that the attestation was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis exercise any contractual right to terminate the contract. Further any misleading, inaccurate, false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doing business with Broward County as outlined in the Procurement Code, Section 21.119.

If the Vendor is submitting a response as a Joint Venture, the following information is required to be submitted:

- a. Name of the Joint Venture Partnership
- b. Percentage of Equity for all Joint Venture Partners
- c. A copy of the executed Agreement(s) between the Joint Venture Partners

- Vendor does not have a principal place of business location (also known as the nerve center) within Broward County.

#### Vendor Information:

Vendor Name: **Cigna Health and Life Insurance Company**

Vendor's address listed in its submittal is:

900 Cottage Grove Rd.  
Bloomfield, CT 06002  
1571 Sawgrass Corporate Parkway  
Suite 140  
Sunrise, FL 33323

The signature below must be by an individual authorized to bind the Vendor. The signature below is an attestation that all information listed above and provided to Broward County is true and accurate.

### Vendor Entity Listed on Submittal Documents

DPX Form

Broward County Board of  
County Commissioners

GEN2116451P2

#### Supplier Response Form RFP-RLI-RFQ LOCAL PREFERENCE AND TIE BREAKER CERTIFICATION FORM

The completed and signed form should be returned with the Vendor's submittal to determine Local Preference eligibility, however it must be returned at time of solicitation submittal to qualify for the Tie Break criteria. If not provided with submittal, the Vendor must submit within three business days of County's request for evaluation of Local Preference. Proof of a local business tax should be submitted with this form. Failure to timely submit this form or local business tax receipt may render the business ineligible for application of the Local Preference or Tie Break Criteria.

In accordance with Section 21.31.d. of the Broward County Procurement Code, to qualify for the Tie Break Criteria, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward County and:
  - a. has a valid Broward County local business tax receipt;
  - b. has been in existence for at least six-months prior to the solicitation opening;
  - c. at a business address physically located within Broward County;
  - d. in an area zoned for such business;
  - e. provides services from this location on a day-to-day basis, and
  - f. services provided from this location are a substantial component of the services offered in the Vendor's proposal.

In accordance with Local Preference, Section 1-74, et. seq., Broward County Code of Ordinances, a local business meeting the below requirements is eligible for Local Preference. To qualify for the Local Preference, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward and:
  - a. has a valid Broward County local business tax receipt issued at least one year prior to solicitation opening;
  - b. has been in existence for at least one-year prior to the solicitation opening;
  - c. provides services on a day-to-day basis, at a business address physically located within the Broward County limits in an area zoned for such business; and
  - d. the services provided from this location are a substantial component of the services offered in the Vendor's proposal.

Local Business Address:

Vendor does not qualify for Tie Break Criteria or Local Preference, in accordance with the above requirements. The undersigned Vendor hereby certifies that (check box if applicable): The Vendor is not a local Vendor in Broward County.

**\*Please note that the bidding entities, Cigna Health and Life Insurance Company (CHLIC) and Cigna Dental Health, Inc. are indirect, wholly owned subsidiaries of Cigna Corporation, which is a publicly traded corporation located at 900 Cottage Grove Road, Hartford, CT 06152. Cigna Corporation is a holding company and is not an insurance or an operating company; however, all products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Cigna Dental Health, Inc. and related legal entities are located in Broward County at 1571 Sawgrass Corporate Parkway Suite 140 Sunrise, FL 33323.**

**Vendor Entity Listed on Submittal Documents**

Broward County Board of  
County Commissioners

GEN2116451P2

**Supplier: Cigna**

**RFP-RLI-RFQ LOCAL PREFERENCE AND TIE BREAKER CERTIFICATION FORM**

The completed and signed form should be returned with the Vendor's submittal to determine Local Preference eligibility, however it must be returned at time of solicitation submittal to qualify for the Tie Break criteria. If not provided with submittal, the Vendor must submit within three business days of County's request for evaluation of Local Preference. Proof of a local business tax should be submitted with this form. Failure to timely submit this form or local business tax receipt may render the business ineligible for application of the Local Preference or Tie Break Criteria.

In accordance with Section 21.31.d. of the Broward County Procurement Code, to qualify for the Tie Break Criteria, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward County and:
  - a. has a valid Broward County local business tax receipt;
  - b. has been in existence for at least six-months prior to the solicitation opening;
  - c. at a business address physically located within Broward County;
  - d. in an area zoned for such business;
  - e. provides services from this location on a day-to-day basis, and
  - f. services provided from this location are a substantial component of the services offered in the Vendor's proposal.

In accordance with Local Preference, Section 1-74, et. seq., Broward County Code of Ordinances, a local business meeting the below requirements is eligible for Local Preference. To qualify for the Local Preference, the undersigned Vendor hereby certifies that (check box if applicable):

- The Vendor is a local Vendor in Broward and:
  - a. has a valid Broward County local business tax receipt issued at least one year prior to solicitation opening;
  - b. has been in existence for at least one-year prior to the solicitation opening;
  - c. provides services on a day-to-day basis, at a business address physically located within the Broward County limits in an area zoned for such business; and
  - d. the services provided from this location are a substantial component of the services offered in the Vendor's proposal.

Local Business Address:

Vendor does not qualify for Tie Break Criteria or Local Preference, in accordance with the above requirements. The undersigned Vendor hereby certifies that (check box if applicable): The Vendor is not a local Vendor in Broward County.

Scott E. Evelyn	Vice President	Cigna Health and Life Insurance Company (CHLIC)	11/29/2018
AUTHORIZED SIGNATURE/NAME	TITLE	COMPANY	DATE

## Vendor Entity Listed on Submittal Documents

Broward County Board of  
County Commissioners

GEN2116451P2

**Supplier: Cigna**

### RFP-RFQ-RLI LOCATION ATTESTATION FORM (EVALUATION CRITERIA)

The completed and signed form and supporting information (if applicable, for Joint Ventures) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting information may affect the Vendor's evaluation. Provided information is subject to verification by the County.

A Vendor's principal place of business location (also known as the nerve center) within Broward County is considered in accordance with Evaluation Criteria. The County's definition of a principal place of business is:

1. As defined by the Broward County Local Preference Ordinance, "Principal place of business means the nerve center or center of overall direction, control and coordination of the activities of the bidder [Vendor]. If the bidder has only one (1) business location, such business location shall be considered its principal place of business."
2. A principal place of business refers to the place where a corporation's officers direct, control, and coordinate the corporation's day-to-day activities. It is the corporation's 'nerve center' and in practice it should normally be the place where the corporation maintains its headquarters; provided that the headquarters is the actual center of direction, control, and coordination, i.e., the 'nerve center', and not simply an office where the corporation holds its board meetings (for example, attended by directors and officers who have traveled there for the occasion).

The Vendor's principal place of business in Broward County shall be the Vendor's "Principal Address" as indicated with the Florida Department of State Division of Corporations, for at least six months prior to the solicitation's due date.

Check one of the following:

- The Vendor certifies that it has a principal place of business location (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements:
1. Vendor's address listed in its submittal is its principal place of business as defined by Broward County;
  2. Vendor's "Principal Address" listed with the Florida Department of State Division of Corporations is the same as the address listed in its submittal and the address was listed for at least six months prior to the solicitation's opening date. A copy of Florida Department of State Division of Corporations (Sunbiz) is attached as verification.
  3. Vendor must be located at the listed "nerve center" address ("Principal Address") for at least six (6) months prior to the solicitation's opening date;
  4. Vendor has not merged with another firm within the last six months that is not headquartered in Broward County and is not a wholly owned subsidiary or a holding company of another firm that is not headquartered in Broward County;
  5. If awarded a contract, it is the intent of the Vendor to remain at the referenced address for the duration of the contract term, including any renewals, extensions or any approved



**Vendor Entity Listed on Submittal Documents**

Broward County Board of  
County Commissioners

GEN2116451P2

interim contracts for the services provided under this contract; and

- 6. The Vendor understands that if after contract award, the County learns that the attestation was erroneous, and upon investigation determines that the error was willful or intentional on the part of the Vendor, the County may, on that basis exercise any contractual right to terminate the contract. Further any misleading, inaccurate, false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doing business with Broward County as outlined in the Procurement Code, Section 21.119.

If the Vendor is submitting a response as a Joint Venture, the following information is required to be submitted:

- a. Name of the Joint Venture Partnership
- b. Percentage of Equity for all Joint Venture Partners
- c. A copy of the executed Agreement(s) between the Joint Venture Partners

Vendor does not have a principal place of business location (also known as the nerve center) within Broward County.

**Vendor Information:**

Vendor Name: Cigna Health and Life Insurance Company (CHLIC)

Vendor's address listed in its submittal is:

900 Cottage Grove Rd.  
Bloomfield, CT 06002  
1571 Sawgrass Corporate Parkway  
Suite 140  
Sunrise, FL 33323

The signature below must be by an individual authorized to bind the Vendor. The signature below is an attestation that all information listed above and provided to Broward County is true and accurate.

Scott E. Evelyn	Vice President	Cigna Health and Life Insurance Company (CHLIC)	11/29/2018
_____ Authorized Signature/Name	_____ Title	_____ Vendor Name	_____ Date

**Vendor to Provide Listed Coverage**

Cigna Health and Life Insurance Company

*Mailing Address: Hartford, Connecticut 06152  
Home Office: Bloomfield, Connecticut*

**CIGNA HEALTH AND LIFE INSURANCE COMPANY**

POLICYHOLDER: Sample Policy FL DPPO

ADDRESS: Any City, Florida

ACCOUNT/GROUP NUMBER: Sample

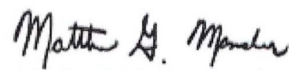
<u>Group Insurance Policy and Policy Number</u>	<u>Effective Date</u>	<u>Anniversary Date</u>
CIGNA DENTAL PREFERRED PROVIDER INSURANCE Sample-DPPO	01/01/2018	01/01

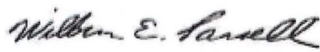
This policy is issued in Florida and shall be governed by its laws.

This Policy contains the terms under which the Insurance Company agrees to insure certain Employees and pay benefits.

The Insurance Company and the Policyholder have agreed to all of the terms of this policy.

  
Anna Kristitul, Corporate Secretary

  
Matthew G. Manders, President

  
Wilbur E. Parsell, Registrar

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

Vendor to Provide Listed Coverage

Page 1 of 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Willis of Pennsylvania, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 1-877-945-7378 FAX (A/C No.): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Illinois National Insurance Company NAIC# 23817 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: W8906333 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD W/VD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Network/Cyber Liability Coverage		02-306-74-10	10/31/2016	10/31/2019	Limits: 10,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Broward County Board of County Commissioners 1158 Andrews Ave Fort Lauderdale, FL 33301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

Vendor Entity Listed on Submittal Documents

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE(MMDDYYYY)  
11/20/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ann Risk Services Central, Inc. Philadelphia PA Office One Liberty Place 160 Market Street Suite 1000 Philadelphia PA 19103 USA	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> (866) 283-7122 <b>FAX (A/C No.):</b> (800) 363-0310 <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> Cigna Corporation Et Al 900 Cottage Grove Road Bloomfield CT 06002 USA	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B: Indemnity Insurance Co of North America</td> <td>43 7</td> </tr> <tr> <td>INSURER C: American Guarantee &amp; Liability Ins Co</td> <td>26247</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ACE American Insurance Company	22667	INSURER B: Indemnity Insurance Co of North America	43 7	INSURER C: American Guarantee & Liability Ins Co	26247	INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: ACE American Insurance Company	22667														
INSURER B: Indemnity Insurance Co of North America	43 7														
INSURER C: American Guarantee & Liability Ins Co	26247														
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER: 570073943557**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limits shown are as requested

INSUR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN/AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			HDCG7109743Z	07/01/2018	07/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ ,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/PROP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> Hired Autos Only <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			ISA H2 1 8842	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			AUC967096510	07/01/2018	07/01/2019	EACH OCCURRENCE \$2 ,000,000 AGGREGATE \$2 ,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC6 224264	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
A	ManageCare Liab			MSPG27030 4300B Managed Care E&O SIR applies per policy terms & conditions	10/01/2018	10/01/2019	Agg-Claims Made \$1 ,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Broward County Board of County Commissioners is included as Additional Insured in accordance with the policy provisions of the General Liability and Automobile Liability policies.

<b>CERTIFICATE HOLDER</b>  Broward County Board of County Commissioners 11 S. Andrews Ave. Fort Lauderdale FL 33301 USA	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Holder Identifier :

Certificate No : 570073943557



### Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County

Broward County Board of  
County Commissioners

Bid GEN2116450P

#### RFP-RFQ-RLI LOCATION ATTESTATION FORM (EVALUATION CRITERIA)

The completed and signed form and supporting information (if applicable, for Joint Ventures) should be returned with the Vendor's submittal. If not provided with submittal, the Vendor must submit within three business days of County's request. Failure to timely submit this form and supporting information may affect the Vendor's evaluation. Provided information is subject to verification by the County.

A Vendor's principal place of business location (also known as the nerve center) within Broward County is considered in accordance with Evaluation Criteria. The County's definition of a principal place of business is:

1. As defined by the Broward County Local Preference Ordinance, "Principal place of business means the nerve center or center of overall direction, control and coordination of the activities of the bidder [Vendor]. ~~If the bidder has only one (1) business location, such business location shall be considered its principal place of business.~~"
2. A principal place of business refers to the place where a corporation's officers direct, control, and coordinate the corporation's day-to-day activities. It is the corporation's 'nerve center' and in practice it should normally be the place where the corporation maintains its headquarters; provided that the headquarters is the actual center of direction, control, and coordination, i.e., the 'nerve center', and not simply an office where the corporation holds its board meetings (for example, attended by directors and officers who have traveled there for the occasion).

~~The Vendor's principal place of business in Broward County shall be the Vendor's "Principal Address" indicated with the Florida Department of State Division of Corporations, for at least six months prior to the solicitation's due date~~

Check one of the following:

- The Vendor certifies that it has a principal place of business location (also known as the nerve center) within Broward County, as documented in Florida Department of State Division of Corporations (Sunbiz), and attests to the following statements:
1. Vendor's address listed in its submittal is its principal place of business as defined by Broward County;
  2. Vendor's "Principal Address" listed with the Florida Department of State Division of Corporations is the same as the address listed in its submittal and the address was listed for at least six months prior to the solicitation's opening date. A copy of Florida Department of State Division of Corporations (Sunbiz) is attached as verification.
  3. Vendor must be located at the listed "nerve center" address ("Principal Address") for at least six (6) months prior to the solicitation's opening date;
  4. Vendor has not merged with another firm within the last six months that is not headquartered in Broward County and is not a wholly owned subsidiary or a holding company of another firm that is not headquartered in Broward County;
  5. If awarded a contract, it is the intent of the Vendor to remain at the referenced address for the duration of the contract term, including any renewals, extensions or any approved interim contracts for the services provided under this contract; and
  6. The Vendor understands that if after contract award, the County learns that the attestation was erroneous, and upon investigation determines that the error was willful or intentional on

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

**Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County**

Broward County Board of  
County Commissioners

Bid GEN2116450P:

the part of the Vendor, the County may, on that basis exercise any contractual right to terminate the contract. Further any misleading, inaccurate, false information or documentation submitted by any party affiliated with this procurement may lead to suspension and/or debarment from doing business with Broward County as outlined in the Procurement Code, Section 21.119.

If the Vendor is submitting a response as a Joint Venture, the following information is required to be submitted:

- a. Name of the Joint Venture Partnership
- b. Percentage of Equity for all Joint Venture Partners
- c. A copy of the executed Agreement(s) between the Joint Venture Partners

Vendor does not have a principal place of business location (also known as the nerve center) within Broward County.

**Vendor Information:**

Vendor Name:

Vendor's address listed in its submittal is:

The signature below must be by an individual authorized to bind the Vendor. The signature below is an attestation that all information listed above and provided to Broward County is true and accurate.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Signature/Name	Title	Vendor Name	Date

United Healthcare Insurance Company Formal Protest for GEN 2116451P2 — Group Dental DPPO Insurance Award

## Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County

[Florida Department of State](#)

DIVISION OF CORPORATIONS



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

### Detail by Entity Name

Florida Profit Corporation  
CIGNA DENTAL HEALTH, INC.

#### Filing Information

Document Number	G14316
FEI/EIN Number	59-2308055
Date Filed	12/22/1982
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	12/29/1993
Event Effective Date	01/01/1994

#### Principal Address

1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Changed: 03/31/2019

#### Mailing Address

1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Changed: 03/31/2019

#### Registered Agent Name & Address

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

Name Changed: 04/27/1992

Address Changed: 04/27/1992

#### Officer/Director Detail

##### **Name & Address**

Title VICE PRESIDENT

MEADE, JASON

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

**Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County**

1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title VICE PRESIDENT

RYAN, MAUREEN  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title PRESIDENT

SCARDELLETTE, FREDERICK  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title VICE PRESIDENT

THOMAS, LANCE  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title DIRECTOR

BENEDICT, AMIE  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title DIRECTOR

MEADE, JASON  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title DIRECTOR

FREDERICK SCARDELLETTE, FREDERICK  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title VICE PRESIDENT

BENEDICT, AMIE  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323



United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

**Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County**

Title VICE PRESIDENT

FLEMING, MARK  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title VICE PRESIDENT

HART, JOANNE  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title SECRETARY

KRISHTUL, ANNA  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title VICE PRESIDENT

LAMBERT, SCOTT  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

Title TREASURER

LAMBERT, SCOTT  
1571 Sawgrass Corporate Parkway  
SUITE 140  
Sunrise, FL 33323

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2017	04/21/2017
2018	04/10/2018
2019	03/31/2019

**Document Images**

<a href="#">03/31/2019 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2018 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2017 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/21/2016 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/16/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/07/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/23/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/26/2012 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

**Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County**

<a href="#">04/09/2011 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/14/2010 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/19/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/30/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/27/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/24/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/25/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/28/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/14/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/20/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/11/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/05/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/26/1998 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/08/1997 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/02/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">03/10/1995 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

Florida Department of State, Division of Corporations

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

### Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County

Jason Meade, listed as Vice President and a Director

Health Care Providers and Services April 24, 2019 11:43 PM ET  
Company Overview of CIGNA Dental Health of Pennsylvania, Inc.

**Snapshot** **People**

**Overview** Board Members Committees

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Executive Profile

**Jason Dean Meade**  
Director, CIGNA Dental Health of Pennsylvania, Inc.

Age	Total Calculated Compensation	
--	--	This person is connected to <b>11</b> Board Members in <b>11</b> organization across <b>8</b> different industries.

[See Board Relationships](#)

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Background

Jason Dean Meade is employed with Cigna Dental Health of Delaware, Inc. , Cigna Dental Health of Kansas, Inc. , Cigna Dental Health of Kentucky, Inc. , Cigna Dental Health of Maryland, Inc. , Cigna Dental Health of Missouri, Inc. , Cigna Dental Health of New Jersey, Inc. , Cigna Dental Health of North Carolina, Inc. , Cigna Dental Health of Ohio, Inc. , Cigna Dental Health of Pennsylvania, Inc. and Cigna Dental Health of Florida, Inc.

Frederick Scardellette, President

**Contact Details for Fred Scardellette**

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## Fred Scardellette

Vice President, Dental Network Strategy & Development

**Contact Information**

Phone: (215) 761-1000  
Email: [Please log in or register to see the details.](#)

**Social Links**

Twitter: [Please log in or register to see the details.](#)  
Facebook: [Please log in or register to see the details.](#)  
LinkedIn: [Please log in or register to see the details.](#)  
Google+: [Please log in or register to see the details.](#)

**Company Information**

Name: CIGNA Corporation  
Address: Two Liberty Place Philadelphia PA 19103  
Phone: 215-761-1000  
Website: <http://www.cigna.com/>  
[View Complete Company Profile](#)

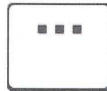
United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

**Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County**


Aime Benedict, Director

**Amie Roulier Benedict**  
Vice President, Specialty Solutions at Cigna  
Somers, Connecticut

Connect




Maureen Ryan, Vice President




**Maureen Ryan**  
Treasury Business Project Manager at Cigna  
Greater Philadelphia Area

Cigna  
See contact info  
198 connections


Connect 

Mark Fleming, Vice President



**Mark Fleming**  
Treasury Manager at Cigna—a global health service leader dedicated to helping people improve their health and well being  
Greater Philadelphia Area

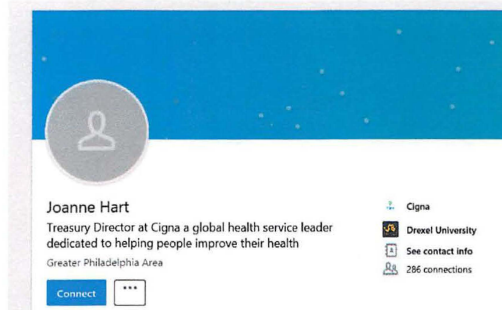
Cigna  
Chestnut Hill College  
See contact info  
500+ connections

Connect 

United Healthcare Insurance Company Formal Protest for GEN 2116451P2—Group Dental DPPO Insurance Award

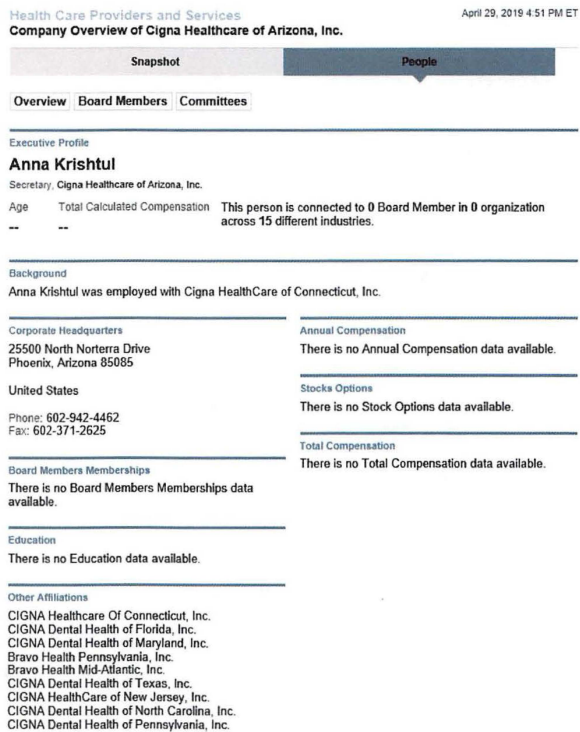
**Cigna Dental Health, Inc.'s Corporate Officers are not located in Broward County**

Joanne Hart, Secretary



Joanne Hart  
Treasury Director at Cigna a global health service leader dedicated to helping people improve their health  
Greater Philadelphia Area  
Cigna  
Drexel University  
See contact info  
286 connections  
Connect

Anna Krishtul, Vice President



Health Care Providers and Services  
Company Overview of Cigna Healthcare of Arizona, Inc. April 29, 2019 4:51 PM ET

Snapshot People

Overview Board Members Committees

Executive Profile  
**Anna Krishtul**  
Secretary, Cigna Healthcare of Arizona, Inc.  
Age: -- Total Calculated Compensation: -- This person is connected to 0 Board Member in 0 organization across 15 different industries.

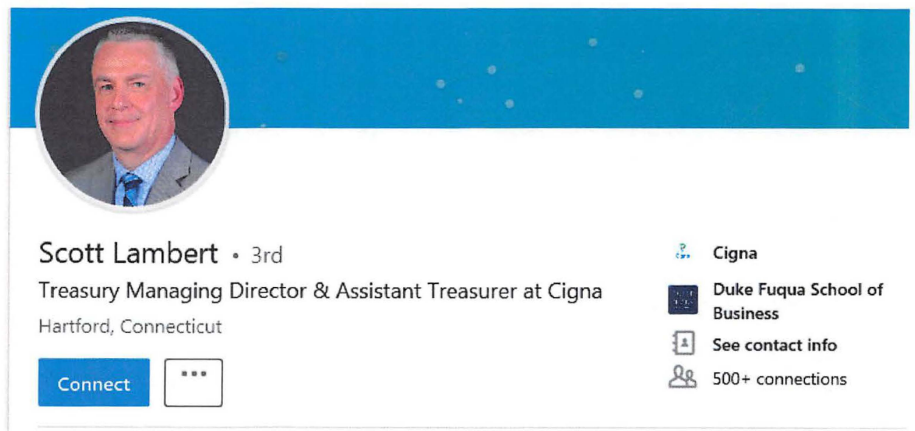
Background  
Anna Krishtul was employed with Cigna HealthCare of Connecticut, Inc.

Corporate Headquarters 25500 North Norterra Drive Phoenix, Arizona 85085	Annual Compensation There is no Annual Compensation data available.
United States Phone: 602-942-4462 Fax: 602-371-2625	Stocks Options There is no Stock Options data available.
Board Members Memberships There is no Board Members Memberships data available.	Total Compensation There is no Total Compensation data available.

Education  
There is no Education data available.

Other Affiliations  
CIGNA Healthcare Of Connecticut, Inc.  
CIGNA Dental Health of Florida, Inc.  
CIGNA Dental Health of Maryland, Inc.  
Bravo Health Pennsylvania, Inc.  
Bravo Health Mid-Atlantic, Inc.  
CIGNA Dental Health of Texas, Inc.  
CIGNA HealthCare of New Jersey, Inc.  
CIGNA Dental Health of North Carolina, Inc.  
CIGNA Dental Health of Pennsylvania, Inc.

Scott Lambert, Treasurer



Scott Lambert • 3rd  
Treasury Managing Director & Assistant Treasurer at Cigna  
Hartford, Connecticut  
Cigna  
Duke Fuqua School of Business  
See contact info  
500+ connections  
Connect