

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **817439** (3)  
1. Corporation Name  
**CIGNA FIRE UNDERWRITERS INSURANCE COMPANY**

Principal Place of Business	Mailing Address
<b>TWO LIBERTY ST 1801 CHESTNUT ST PHILADELPHIA PA 19192</b>	<b>TWO LIBERTY ST 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/24/1963</b>	
21 Suite, Apt. #, etc.	26 <b>1601 Chestnut Street</b>	4. FEI Number <b>06-6032187</b>		Applied For Not Applicable	
22 City & State	27 <b>TL21G</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 <b>Philadelphia, PA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 <b>19192</b>	30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32304</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ISOM, GERALD A</b>			1.2 NAME			
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>FRANKLIN, RICHARD C</b>			2.2 NAME			
STREET ADDRESS	<b>1601 CHESTNUT ST.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>			2.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GARRETT, KENNETH R</b>			3.2 NAME			
STREET ADDRESS	<b>1601 CHESTNUT ST</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA, PA 00000</b>			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>STAGIANO, JOSEPH J</b>			4.2 NAME			
STREET ADDRESS	<b>1601 CHESTNUT ST</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA, PA 19192</b>			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MULLIGAN, GEORGE, D</b>			5.2 NAME			
STREET ADDRESS	<b>1601 CHESTNUT ST</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA, PA 0</b>			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>IRVAN, ROBERT P.</b>			6.2 NAME			
STREET ADDRESS	<b>1601 CHESTNUT ST</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA, PA 0</b>			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ (215) 761-2907

CR2E034 (10/97)