**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 7:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F17888 (1)

1. Corporation Name
CIGNA HEALTHCARE OF FLORIDA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2502 ROCKY POINT ROAD<br>SUITE 901<br>TAMPA FL 33607-1421 | 2502 ROCKY POINT ROAD<br>SUITE 901<br>TAMPA FL 33607-1421 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1981
3a. Date of Last Report: 03/24/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5404 Cypress Center Dr. | 26 C/o CIGNA TAX Dept. S-260 |
| Suite, Apt. #, etc.<br>22 Ste. 100 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 TAMPA, FL | City & State<br>28 Hartford, CT |
| Zip / Country<br>24 33609-1069 / 25 USA | Zip / Country<br>29 06152-2260 / 30 USA |

4. FEI Number: 59-2089259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
8751 W. BROWARD BLVD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KIMMEL, BETTY | 1.2 NAME | | |
| STREET ADDRESS | 5404 CYPRESS CENTER DR., STE 36 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | | |
| TITLE | T | 2.1 TITLE | T | ☒ Change ☐ Addition |
| NAME | MARCUS, GAIL B | 2.2 NAME | Stephen C. Stachelek | |
| STREET ADDRESS | 900 COTTAGE GROVE RD. | 2.3 STREET ADDRESS | 900 Cottage Grove Road | |
| CITY-ST-ZIP | BLOOMFIELD CT | 2.4 CITY-ST-ZIP | Bloomfield, CT 06002 | |
| TITLE | S | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KOPP, DAVID C | 3.2 NAME | | |
| STREET ADDRESS | 900 COTTAGE GROVE RD. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BLOOMFIELD CT | 3.4 CITY-ST-ZIP | | |
| TITLE | V | 4.1 TITLE | VP/D | ☒ Change ☐ Addition |
| NAME | FEARNLEY, JOHN W. | 4.2 NAME | Edward J. Smith | |
| STREET ADDRESS | 900 COTTAGE GROVE RD. | 4.3 STREET ADDRESS | 900 Cottage Grove Road | |
| CITY-ST-ZIP | BLOOMFIELD CT | 4.4 CITY-ST-ZIP | Bloomfield, CT 06002 | |
| TITLE | | 5.1 TITLE | VP/AS | ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | Howard R. Loos | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 900 Cottage Grove Road | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Bloomfield, CT 06002 | |
| TITLE | | 6.1 TITLE | AS | ☐ Change ☒ Addition |
| NAME | | 6.2 NAME | Tina L. O'Connor | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 900 Cottage Grove Road | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Bloomfield, CT 06002 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Tina O'Connor 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0442764 FP

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Corporate Profile System
Officer Business Address List
As of 04/05/95

CIGNA HEALTHCARE OF FLORIDA, INC.

| Name, SSN & Title | Business Address |
|---|---|
| BETTY KIMMEL<br>131324170<br>PRESIDENT<br>GENERAL MANAGER | 5404 CYPRESS CENTER DRIVE, SUITE 36<br>TAMPA<br>FLORIDA 33609 |
| BARRY LEE ADAMS<br>497562619<br>VICE PRESIDENT<br>ASSISTANT TREASURER | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET<br>PHILADELPHIA<br>PENNSYLVANIA 19192 |
| PAUL BERGSTEINSSON<br>554585082<br>VICE PRESIDENT<br>ASSISTANT TREASURER | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA<br>PENNSYLVANIA 19192 |
| JAN R BIRSCH<br>168463176<br>VICE PRESIDENT | 900 COTTAGE GROVE ROAD<br>ROUTING ER33<br>HARTFORD<br>CONNECTICUT 06152 |
| MARCY FINKEL BLENDER<br>150405465<br>VICE PRESIDENT<br>ASSISTANT TREASURER | TWO LIBERTY PLACE<br>1601 CHESTNUT ST.<br>PHILADELPHIA<br>PENNSYLVANIA 19192 |
| PETER C. DANDALIDES, M.D.<br>293489547<br>VICE PRESIDENT<br>MEDICAL DIRECTOR - HEALTH CARE CENTER OPERATIONS | 7400 CARMEL EXECUTIVE PARK<br>CHARLOTTE<br>NORTH CAROLINA 28226 |
| WILLIAM A HAMMILL<br>277326197<br>VICE PRESIDENT<br>MEDICAL DIRECTOR - ORLANDO | 1101 N. LAKE DESTINY ROAD<br>SUITE 300<br>MAITLAND<br>FLORIDA 32751 |

Corporate Profile System
Officer Business Address List
As of 04/05/95

CIGNA HEALTHCARE OF FLORIDA, INC.

| Name, SSN & Title | Business Address |
|---|---|
| WARREN PETER JOHNSON<br>311580992<br>VICE PRESIDENT | 900 COTTAGE GROVE ROAD<br>HARTFORD<br><br>CONNECTICUT 06152 |
| EUGENE LESLIE KOMRAD, M.D.<br>057208704<br>VICE PRESIDENT | 15600 N.W. 67 AVENUE<br>SUITE 301<br>MIAMI LAKES<br>FLORIDA 33014 |
| HOWARD ROBERT LOOS<br>047143849<br>VICE PRESIDENT<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br><br>CONNECTICUT 06152 |
| MARY-BETH MANGO MCCORMACK<br>044467958<br>VICE PRESIDENT | 900 COTTAGE GROVE ROAD<br>B-228<br>HARTFORD<br>CONNECTICUT 06152 |
| MALCOLM H. MOSS, M.D.<br>143246874<br>VICE PRESIDENT<br>MEDICAL DIRECTOR | 3 STEWART COURT<br><br>DENVILLE<br>NEW JERSEY 07834 |
| DONALD WILLIAM PORTER<br>174302205<br>VICE PRESIDENT | ONE LIBERTY PLACE<br>1650 MARKET ST.<br>PHILADELPHIA<br>PENNSYLVANIA 19192 |
| EDWARD JAQUELIN SMITH, JR., M.D.<br>524584075<br>VICE PRESIDENT | 900 COTTAGE GROVE ROAD A136<br><br>HARTFORD<br>CONNECTICUT 06152 |

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Corporate Profile System
Officer Business Address List
As of 04/05/95

CIGNA HEALTHCARE OF FLORIDA, INC.

| Name, SSN & Title | Business Address |
|---|---|
| STEPHEN CHESTER STACHELEK<br>046387533<br>VICE PRESIDENT<br>TREASURER | 900 COTTAGE GROVE ROAD<br>HARTFORD<br><br>CONNECTICUT 06152 |
| MICHAEL J. SUBASIC<br>233806379<br>VICE PRESIDENT,<br>EXECUTIVE DIRECTOR | 1101 NORTH LAKE DESTINY ROAD<br>SUITE 300<br>MAITLAND<br>FLORIDA 32751 |
| LYNNE MARIE FLETCHER<br>042624277<br>ASSISTANT VICE PRESIDENT | 900 COTTAGE GROVE ROAD<br>A-136<br>HARTFORD<br>CONNECTICUT 06152 |
| MARJORIE GLAUBACH O'MALLEY<br>145386206<br>ASSISTANT VICE PRESIDENT | 900 COTTAGE GROVE ROAD<br>ROUTING W43C<br>HARTFORD<br>CONNECTICUT 06152 |
| DAVID MARK WILDFEUER<br>046423232<br>ASSISTANT VICE PRESIDENT | TWO LIBERTY PLACE<br>1601 CHESTNUT STREET, 42ND FLOOR<br>PHILADELPHIA<br>PENNSYLVANIA 19192 |
| DAVID CHARLES KOPP<br>328386686<br>SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br><br>CONNECTICUT 06152 |
| KAREN PALLANCK BARNES<br>043462582<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>B-228<br>HARTFORD<br>CONNECTICUT 06152 |

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Corporate Profile System
Officer Business Address List
As of 04/05/95

CIGNA HEALTHCARE OF FLORIDA, INC.

| Name, SSN & Title | Business Address |
|---|---|
| ERIC JOSEPH BISIGHINI,III<br>049629708<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| STEWART ALAN BRANDT<br>051420644<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| ANDREA BANKS DANIELS<br>041600429<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| THOMAS XAVIER LONERGAN<br>036367100<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>B-233<br>HARTFORD<br>CONNECTICUT 06152 |
| JOHN MILLER LYONS<br>155484361<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>TAX DEPT S260<br>HARTFORD<br>CONNECTICUT 06152 |
| JANET SESKO MC CABE<br>047401718<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| TINA LEE O'CONNOR<br>045605941<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |

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Corporate Profile System
Officer Business Address List
As of 04/05/95

CIGNA HEALTHCARE OF FLORIDA, INC.

| Name, SSN & Title | Business Address |
|---|---|
| DAVID MATHEW PORCELLO<br>047624975<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>S-260<br>HARTFORD<br>CONNECTICUT 06152 |
| EDWARD P. POTANKA<br>013423116<br>ASSISTANT SECRETARY<br>COUNSEL | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| ELIZABETH ELLEN QUATTROCHI<br>012460748<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| STUART D. RACHLIN<br>087523127<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| EDMUND JOHN SKOWRONEK, JR.<br>046424363<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>C-38<br>HARTFORD<br>CONNECTICUT 06152 |
| NANCY BLACKBURN SPARKS<br>010561276<br>ASSISTANT SECRETARY | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| DIANE MAE WILKOSZ<br>127524685<br>ASSISTANT SECRETARY | 5404 CYPRESS CENTER DRIVE, SUITE 36<br>TAMPA<br>FLORIDA 33609 |

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Officer Business Address List
As of 04/05/95

CIGNA HEALTHCARE OF FLORIDA, INC.

| Name, SSN & Title | Business Address |
|---|---|
| MARY KATHRYN CRISTINO<br>044661129<br>ASSISTANT TREASURER | 900 COTTAGE GROVE ROAD<br><br>HARTFORD<br>CONNECTICUT 06152 |
| MICHAEL MARIO SINISGALLI<br>046604224<br>ASSISTANT TREASURER | 900 COTTAGE GROVE ROAD<br>S-258<br>HARTFORD<br>CONNECTICUT 06152 |
| BRIAN WAYNE VILLALOBOS<br>155421645<br>ASSISTANT TREASURER | 1601 CHESTNUT STREET<br>P.O. BOX 7716 TLP12<br>PHILADELPHIA<br>PENNSYLVANIA 19192 |

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Corporate Profile System
Director Business Address List
As of 04/05/95

CIGNA HEALTHCARE OF FLORIDA, INC.

| Name, SSN, & Title | Business Address |
|---|---|
| WILLIAM ALLEN SCHAFFER, M.D.<br>534545293<br>MEMBER OF BOARD OF DIRECTORS | 900 COTTAGE GROVE ROAD<br>HARTFORD<br>CONNECTICUT 06152 |
| EDWARD JAQUELIN SMITH, JR., M.D.<br>524584075<br>MEMBER OF BOARD OF DIRECTORS | 900 COTTAGE GROVE ROAD A136<br>HARTFORD<br>CONNECTICUT 06152 |
| (1) VACANCY<br>ZZZZZZZZ1<br>MEMBER OF BOARD OF DIRECTORS | |