

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F17888 (1)

1. Corporation Name
CIGNA HEALTHCARE OF FLORIDA, INC.



Principal Place of Business: **5404 CYPRESS CENTER DR SUITE 100 TAMPA FL 33609-1069 US**
Mailing Address: **C/O CIGNA TAX DEPT S-260 SUITE 901 HARTFORD CT 06152-2260 US**

3. Date Incorporated or Qualified: **02/09/1981**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2089259**
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

2. Principal Place of Business
21. **5404 Cypress Center Dr.**
22. **Suite 100**
23. **Tampa, FL**
24. **33609-1069**
25. **USA**
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

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
85. Zip Code: **FL**

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	
TITLE: PD NAME: KIMMEL, BETTY STREET ADDRESS: 5404 CYPRESS CENTER DR., STE 36 CITY-ST-ZIP: TAMPA FL	<input type="checkbox"/> DELETE
TITLE: T NAME: STACHLEK, STEPHEN STREET ADDRESS: 900 COTTAGE GROVE RD CITY-ST-ZIP: BLOOMFIELD CT	<input type="checkbox"/> DELETE
TITLE: S NAME: KOPP, DAVID C STREET ADDRESS: 900 COTTAGE GROVE RD. CITY-ST-ZIP: BLOOMFIELD CT	<input type="checkbox"/> DELETE
TITLE: VPD NAME: SMITH, EDWARD J STREET ADDRESS: 900 COTTAGE GROVE RD CITY-ST-ZIP: BLOOMFIELD CT	<input checked="" type="checkbox"/> DELETE
TITLE: VPAS NAME: LOOS, HOWARD R STREET ADDRESS: 900 COTTAGE GROVE RD CITY-ST-ZIP: BLOOMFIELD CT	<input type="checkbox"/> DELETE
TITLE: AS NAME: O'CONNOR, TINA L STREET ADDRESS: 900 COTTAGE RD CITY-ST-ZIP: BLOOMFIELD CT	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V D Umesh A. Kurpad 900 Cottage Grove Rd. Bloomfield, CT 06002
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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 4/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)