

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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, 100 TAMPA FL 33609-1069 US**
 Mailing Address: **C/O CIGNA TAX DEPT S-260 SUITE 801 HARTFORD CT 06152-2260 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1981**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 25, 26, 27, 28, 29, 30

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	KIMMEL, BETTY	
STREET ADDRESS	5404 CYPRESS CENTER DR., STE 36	
CITY-ST-ZIP	TAMPA FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	STACHLEK, STEPHEN	
STREET ADDRESS	900 COTTAGE GROVE RD	
CITY-ST-ZIP	BLOOMFIELD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KOPP, DAVID C	
STREET ADDRESS	900 COTTAGE GROVE RD.	
CITY-ST-ZIP	BLOOMFIELD CT	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KURPAD, UMESH	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY-ST-ZIP	BLOOMFIELD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BISIGNINI, ERIC J III	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY-ST-ZIP	BLOOMFIELD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEYMER, JOHN D	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY-ST-ZIP	BLOOMFIELD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Frederick R. Hatfield
4.3 STREET ADDRESS	900 Cottage Grove Rd
4.4 CITY-ST-ZIP	Hartford, CT 06152
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	12100 FORD Rd, Suite 100
6.4 CITY-ST-ZIP	Dallas, TX 75234

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.

CR2E034 (10/97)