

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

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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90115 028 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F17888**  
 1. Corporation Name  
**CIGNA HEALTHCARE OF FLORIDA, INC.**

Principal Place of Business <b>5404 CYPRESS CENTER DR                  100                  TAMPA FL 33609-1069                  US</b>	Mailing Address <b>C/O CIGNA TAX DEPT S-260                  SUITE 901                  HARTFORD CT 06152-2280                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>02/09/1981</b>	
4. FEI Number <b>59-2089259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIMMEL, BETTY</b>	
STREET ADDRESS	<b>5404 CYPRESS CENTER DR., STE 36</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	<b>STACHLEK, STEPHEN</b>	
STREET ADDRESS	<b>900 COTTAGE GROVE RD</b>	
CITY-ST-ZIP	<b>BLOOMFIELD CT</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>KOPP, DAVID C</b>	
STREET ADDRESS	<b>900 COTTAGE GROVE RD.</b>	
CITY-ST-ZIP	<b>BLOOMFIELD CT</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>FREDERICK R HATFIELD</b>	
STREET ADDRESS	<b>900 COTTAGE GROVE RD</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06152</b>	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	<b>BISIGHINI, ERIC J III</b>	
STREET ADDRESS	<b>900 COTTAGE GROVE ROAD</b>	
CITY-ST-ZIP	<b>BLOOMFIELD CT</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>WEYMER, JOHN D</b>	
STREET ADDRESS	<b>12100 FORD RD STE 100</b>	
CITY-ST-ZIP	<b>DALLAS TX 75234</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Gregor, Joseph C.</b>	
1.3 STREET ADDRESS	<b>5404 Cypress Center DR. Suite 345</b>	
1.4 CITY-ST-ZIP	<b>Tampa, FL 33609</b>	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Cordani, David M.</b>	
4.3 STREET ADDRESS	<b>900 Cottage Grove Rd</b>	
4.4 CITY-ST-ZIP	<b>Hartford, CT 06152</b>	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Porciello, David M</b>	
5.3 STREET ADDRESS	<b>900 Cottage Grove Rd</b>	
5.4 CITY-ST-ZIP	<b>Bloomfield, CT 06152</b>	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Auen, Eileen O.</b>	
6.3 STREET ADDRESS	<b>1601 Chestnut St.</b>	
6.4 CITY-ST-ZIP	<b>Philadelphia PA 19192</b>	

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, with all other like empowered.

SIGNATURE: David M. Porciello 2/12/99 860 726-4602  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

183441-90115-28  
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Corporate Profile System  
Officer Address List  
As of 2/2/1999

CIGNA HEALTHCARE OF FLORIDA, INC.

Name, SSN & Title	Home Address	Business Address
JOSEPH CLIFTON GREGOR 264-37-4812 PRESIDENT GENERAL MANAGER	2201 HAMPSTEAD COURT SAFETY HARBOR FL 34695-	5404 CYPRESS CENTER DRIVE, SUITE 345 TAMPA FL 33609-
EILEEN O. AUEN 218-72-8499 VICE PRESIDENT	1090 ANTLER DRIVE GLEN MILLE PA 19324-	1601 CHESTNUT STREET PHILADELPHIA PA 19192.
PAUL BERGSTEINSSON 554-58-5082 VICE PRESIDENT	43 NORTHWOODS ROAD RADNOR PA 19087	TWO LIBERTY PLACE 1601 CHESTNUT ST. PHILADELPHIA PA 19192
JAN ROBIN BIRSCH 168-46-3176 VICE PRESIDENT	12 MICHAEL DRIVE CANTON CT 06109-	900 COTTAGE GROVE ROAD ROUTING ER33 HARTFORD CT 06152
DAVID MICHAEL CORDANI 040-60-6424 VICE PRESIDENT	60 RENGGERMAN HILL ROAD EAST HARTLAND CT 06027-	900 COTTAGE GROVE ROAD HARTFORD CT 06152.

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Corporate Profile System  
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As of 2/2/1999

SIGMA HEALTHCARE OF FLORIDA, INC.

Name, SSN & Title	Home Address	Business Address
ROY VICTOR ERICKSON, M.D. 023-36-7511	85 WEST MOUNTAIN ROAD WEST SIMSBURY CT	900 COTTAGE GROVE ROAD HARTFORD CT 06152
VICE PRESIDENT		
KENNETH RAY GARRETT 181-44-2837	19 OLD STEVENS LANE VOORHEES NJ 08043	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
VICE PRESIDENT ASSISTANT TREASURER		
STEPHEN DAVID HARRIS 527-04-1991	9387 CHELSEA DRIVE N. PLANTATION FL 33324	15600 N.W. 67TH AVENUE, SUITE 301 MIAMI LAKES FL 33014
VICE PRESIDENT EXECUTIVE DIRECTOR		
ROBERT ARNOLD KLEINIGGER, M.D. 500-60-3341	17414 HEATHER OAKS PLACE TAMPA FL	5404 CYPRESS CENTER DRIVE TAMPA FL 33609
VICE PRESIDENT MEDICAL DIRECTOR		
BARRY RICHARD MCHALE 340-46-9821	1521 MEADOWBROOK LANE WEST CHESTER PA	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
VICE PRESIDENT ASSISTANT TREASURER		

183441-90115-28  
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Officer Address List  
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CIGNA HEALTHCARE OF FLORIDA, INC.

Name, SSN & Title	Home Address	Business Address
WILLIAM COLMAN POPIK, M.D. 549-62-6198 VICE PRESIDENT	44 OLD STONE CROSSING WEST SIMSBURY CT 06092	900 COTTAGE GROVE ROAD HARTFORD CT 06152
DONALD WILLIAM PORTER 174-30-2205 VICE PRESIDENT	1501 VON STEUBEN DRIVE WEST CHESTER PA 19380-	ONE LIBERTY PLACE 1650 MARKET STREET PHILADELPHIA PA 19192
STEPHEN CHESTER STACHELEK 046-38-7533 VICE PRESIDENT ASSISTANT TREASURER	80 CASTLEWOOD DRIVE KENSINGTON CT 06037	900 COTTAGE GROVE ROAD HARTFORD CT 06152
BACH MAI THI THAI 586-58-7113 VICE PRESIDENT TREASURER	150 WATERVILLE ROAD AVON CT 06001	900 COTTAGE GROVE ROAD HARTFORD CT 06152-2260
ROBERT CODY WILLIAMS 164-38-8711 VICE PRESIDENT	1498 FLAIL DRIVE YARDLEY PA 19067-	900 COTTAGE GROVE ROAD HARTFORD CT 06152-

183441-90115-28  
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Officer Address List  
As of 2/21/99

CIGNA HEALTHCARE OF FLORIDA, INC.

Name, SSN & Title	Home Address	Business Address
LYNNE MARIE FLETCHER 042-62-4277	66 PINE GLEN SIMSBURY CT 06070	900 COTTAGE GROVE ROAD A-136 HARTFORD CT 06152
ASSISTANT VICE PRESIDENT		
DAVID MARK WILDFEUER 046-42-3232	418 WESTWIND DRIVE BERWYN PA	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
ASSISTANT VICE PRESIDENT		
EDWARD P. POTANKA 013-42-3116	5 CRICKET LANE SIMSBURY CT 06070	900 COTTAGE GROVE ROAD HARTFORD CT 06152
COUNSEL ASSISTANT SECRETARY		
DAVID CHARLES KOPP 328-38-6686	60 PHEASANT HILL DRIVE WEST HARTFORD CT 06107	900 COTTAGE GROVE ROAD HARTFORD CT 06152
SECRETARY		
JANET LYNN BRIERTON 047-52-7621	25 MARJORIE LANE MANCHESTER CT	900 COTTAGE GROVE ROAD C-38 HARTFORD CT 06152
ASSISTANT SECRETARY		

183441-90115-28  
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CIGNA HEALTHCARE OF FLORIDA, INC.

Name, SSN & Title	Home Address	Business Address
SARITA GIRI CHAKRAVARTHI 045-74-1886 ASSISTANT SECRETARY	MONKTON HOUSE MORETON PADDOX UK	900 COTTAGE GROVE ROAD S-260 HARTFORD CT 06152
ANDREA BANKS DANIELS 041-60-0429 ASSISTANT SECRETARY	311 PARK AVENUE BLOOMFIELD CT 06002	900 COTTAGE GROVE ROAD C-38 HARTFORD CT 06152
KRISTEN CARLEEN dos SANTOS 153-56-2345 ASSISTANT SECRETARY		900 COTTAGE GROVE ROAD HARTFORD CT 06152
WILLIAM LOUIS GERNER 046-32-9476 ASSISTANT SECRETARY	240 RAMSTEIN ROAD NEW HARTFORD CT 06057	900 COTTAGE GROVE ROAD HARTFORD CT 06152
JOHN MILLER LYONS 155-48-4361 ASSISTANT SECRETARY	9A2 TALCOTT RIDGE ROAD FARMINGTON CT 06032	900 COTTAGE GROVE ROAD TAX DEPT S260 HARTFORD CT 06152

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CIGNA HEALTHCARE OF FLORIDA, INC.

Name, SSN & Title	Home Address	Business Address
JANET SESKO MC CABE 047-40-1718 ASSISTANT SECRETARY	99 MOUNTAIN TERRACE ROAD WEST HARTFORD CT 06107	900 COTTAGE GROVE ROAD HARTFORD CT 06152
DAVID MATHEW PORCELLO 047-62-4975 ASSISTANT SECRETARY	111 QUAIL RUN ROAD SUFFIELD CT 06078	900 COTTAGE GROVE ROAD S-260 HARTFORD CT 06152
ELIZABETH ELLEN QUATTROCHI 012-46-0748 ASSISTANT SECRETARY	206 MILLER WAY WINDSOR CT 06095	900 COTTAGE GROVE ROAD HARTFORD CT 06152
MARY SCANLON 045-40-1483 ASSISTANT SECRETARY	7 SAWMILL ROAD WEST SIMSBURY CT 06092	900 COTTAGE GROVE ROAD HARTFORD CT 06152
EDMUND JOHN SKOWRONEK, JR. 046-42-4363 ASSISTANT SECRETARY	381 NOTT STREET WETHERSFIELD CT 06109	900 COTTAGE GROVE ROAD C-38 HARTFORD CT 06152

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CIGNA HEALTHCARE OF FLORIDA, INC.

Name, SSN & Title	Home Address	Business Address
DIANE MAE WILKOSZ 127-52-4685	7260 18TH ST. N.E. ST. PETERSBURG FL	5404 CYPRESS CENTER DRIVE, SUITE 365 TAMPA FL 33609
ASSISTANT SECRETARY		
MARIE COLTON BYNUM 142-62-5676	32 MEADOWWOOD ROAD ROSEMONT PA 19010-	1601 CHESTNUT STREET TL46K PHILADELPHIA PA 19192-2461
ASSISTANT TREASURER		
JOHN WILLIAM FEARLEY 044-34-9522	29 WHITE WATER TURN SIMSBURY CT 06180	900 COTTAGE GROVE ROAD HARTFORD CT 06152
ASSISTANT TREASURER		



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CIGNA HEALTHCARE OF FLORIDA, INC.

Corporate Profile System  
Director Address List  
As of 2/2/1999

Name, SSN & Title	Home Address	Business Address
DAVID MICHAEL CORDANI 040-60-6424 MEMBER OF BOARD OF DIRECTORS	60 RENGERMAN HILL ROAD EAST HARTLAND CT 06027-	900 COTTAGE GROVE ROAD HARTFORD CT 06152-
WILLIAM COLMAN POPIK, M.D. 549-62-6198 MEMBER OF BOARD OF DIRECTORS	44 OLD STONE CROSSING WEST SIMSBURY CT 06092	900 COTTAGE GROVE ROAD HARTFORD CT 06152
WILLIAM ALLEN SCHAFER, M.D. 534-54-5293 MEMBER OF BOARD OF DIRECTORS	11 FOREST ROAD W. HARTFORD CT 06119	900 COTTAGE GROVE ROAD HARTFORD CT 06152