

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000528

FILED
Apr 26, 2012
Secretary of State

Entity Name: CIGNA ONSITE HEALTH, LLC

Current Principal Place of Business:

900 COTTAGE GROVE RD.
HARTFORD, CT 06152

New Principal Place of Business:

900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002 US

Current Mailing Address:

900 COTTAGE GROVE RD.
HARTFORD, CT 06152

New Mailing Address:

900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002 US

FEI Number: 32-0222252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CONNECTICUT GENERAL LIFE INSURANCE COMPANY
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: BLOOMFIELD, CT 06002 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAURA LOUIS

POA

04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date