2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17888

Entity Name: CIGNA HEALTHCARE OF FLORIDA, INC.

FILED Jun 26, 2020 **Secretary of State** 9686574288CC

Current Principal Place of Business:

2701 NORTH ROCKY POINT DRIVE, SUITE 800

TAMPA FL 33607

Current Mailing Address:

2701 NORTH ROCKY POINT DRIVE, SUITE 800 TAMPA FL 33607 US

FEI Number: 59-2089259 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 US

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

Officer/Director Detail :

Title DIRECTOR Title DIRECTOR

CROMPTON, MICHAEL Name Name JOSEPHS, SCOTT

Address 2701 NORTH ROCKY POINT DRIVE, Address 2701 NORTH ROCKY POINT DRIVE,

SUITE 800 SUITE 800

City-State-Zip: TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

Title **PRESIDENT** Title VICE PRESIDENT

Name MIRABELLA, MORRIS Name CROMPTON, MICHAEL

2701 NORTH ROCKY POINT DRIVE, 2701 NORTH ROCKY POINT DRIVE, Address Address

SUITE 800 SUITE 800

City-State-Zip: City-State-Zip: TAMPA FL 33607 TAMPA FL 33607

Title VICE PRESIDENT Title VICE PRESIDENT Name EVANKO, BRIAN Name FLEMING, MARK

Address 2701 NORTH ROCKY POINT DRIVE, Address 2701 NORTH ROCKY POINT DRIVE,

SUITE 800 SUITE 800

City-State-Zip: **TAMPA FL 33607** City-State-Zip: TAMPA FL 33607

Title VICE PRESIDENT Title VICE PRESIDENT GERHARD, GLENN HART, JOANNE Name Name

2701 NORTH ROCKY POINT DRIVE, Address Address 2701 NORTH ROCKY POINT DRIVE,

SUITE 800 SUITE 800

TAMPA FL 33607 City-State-Zip: TAMPA FL 33607 City-State-Zip:

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

06/26/2020 SIGNATURE: SCOTT LAMBERT TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

TitleVICE PRESIDENTTitleVICE PRESIDENTNameJOSEPHS, SCOTTNameLAMBERT, SCOTT

Address 2701 NORTH ROCKY POINT DRIVE, SUITE 800 Address 2701 NORTH ROCKY POINT DRIVE, SUITE 800

City-State-Zip: TAMPA FL 33607

Title VICE PRESIDENT

City-State-Zip: TAMPA FL 33607

Name O'NEIL, KATHLEEN Title VICE PRESIDENT

Name SAATHOFF, STEPHEN

Address 2701 NORTH ROCKY POINT DRIVE, SUITE 800 Address 2701 NORTH ROCKY POINT DRIVE,

City-State-Zip:

TAMPA FL 33607

City-State-Zip: TAMPA FL 33607 SUITE 800

Title VICE PRESIDENT

Name SHERIDAN, TIMOTHY Title TREASURER

Address 2701 NORTH ROCKY POINT DRIVE, SUITE 800 Name LAMBERT, SCOTT

City-State-Zip: TAMPA FL 33607 Address 2701 NORTH ROCKY POINT DRIVE,

y-State-Zip. TAMIFA FL 33607 SUITE 800

City-State-Zip: TAMPA FL 33607