

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000528

Entity Name: CIGNA ONSITE HEALTH, LLC

Current Principal Place of Business:

900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002

Current Mailing Address:

900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002 US

FEI Number: 32-0222252

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH 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

Authorized Person(s) Detail :

Title MEMBER
Name CONNECTICUT GENERAL LIFE
INSURANCE COMPANY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONNECTICUT GENERAL LIFE INSURANCE
COMPANY

MEMBER

04/16/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date