

**2016 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

04/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

Date