

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 848171

Entity Name: CIGNA NATIONAL HEALTH INSURANCE COMPANY**Current Principal Place of Business:**1300 EAST NINTH STREET
CLEVELAND, OH 44114**Current Mailing Address:**1300 EAST NINTH STREET
CLEVELAND, OH 44114 US**FEI Number:** 34-0970995**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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
Name HINMAN, LINDY
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR
Name LABONTE, TRACY
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR
Name OCHAL, MARK
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR
Name SWANSON, DAVID
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title DIRECTOR
Name YABLECKI, JAMES
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT SECRETARY
Name ANDERSON, TRACEY
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT SECRETARY
Name BERNIER, RHIANNON
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title SECRETARY
Name BROWN, GENEVA
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

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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.

SIGNATURE: SCOTT LAMBERT

ASSISTANT TREASURER 02/21/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name BUESCHER, BYRON
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT VICE PRESIDENT
Name HALEY, WILLIAM
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT TREASURER
Name LAMBERT, SCOTT
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title VICE PRESIDENT
Name O'NEIL, KATHLEEN
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT TREASURER
Name SIDDIQUI, JUMANA
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title VICE PRESIDENT
Name FLEMING, MARK
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title VICE PRESIDENT
Name HART, JOANNE
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT VICE PRESIDENT
Name MARTINEZ, ERIC
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title VICE PRESIDENT
Name REYNOLDS, DREW
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114

Title ASSISTANT SECRETARY
Name WEGRZYNIAK, HEATHER
Address 1300 EAST NINTH STREET
City-State-Zip: CLEVELAND OH 44114