

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002814

Entity Name: CIGNA HEALTH AND LIFE INSURANCE COMPANY

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: 59-1031071

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
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 RUSSELL, DAVID
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name POTANKA, EDWARD
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name HUGGINS, JULIA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name BUCKLEY, TIMOTHY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name BOURDON, DAVID
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name SMITH, VICTORIA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name OVERBYE, KATHERINE
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name MCGOLDRICK, FRANCIS
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

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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: ANNA KRISHTUL

SECRETARY

04/11/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MC GINLEY-GRAZIOSI, SHEILA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title SECRETARY
Name KRISHTUL, ANNA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name HOUGH, CAROL
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name SNOW, CHRISTOPHER
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title TREASURER
Name LAMBERT, SCOTT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title PRESIDENT
Name HUGGINS, JULIA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name GORMAN, STEPHANIE
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name SATALINE, FRANK JR.
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002