

2013 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
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 PRESIDENT, DIRECTOR
Name MANDERS, MATTHEW G.
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP, TREASURER
Name MCHALE, BARRY R.
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title SECRETARY
Name MCMONAGLE, JOHN W. III
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name MC CARTHY, THOMAS A.
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name PALMER, ERIC P.
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 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: JOHN W. MCMONAGLE III

SECRETARY

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date