

**2017 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 BUCKLEY, TIMOTHY  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

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

Title DIRECTOR  
Name RUSSELL, DAVID  
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 PRESIDENT/DIRECTOR  
Name MANDERS, MATTHEW  
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 SATALINE, FRANK JR.  
Address 900 COTTAGE GROVE ROAD  
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR  
Name BARRETT, ELLEN  
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**CORPORATE SECRETAR** 04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title CORPORATE SECRETARY  
Name KRISHTUL, ANNA  
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

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