

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **803422 (5)**
1. Corporation Name
CIGNA PROPERTY AND CASUALTY INSURANCE COMPANY



Principal Place of Business: **TWO LIBERTY PLACE, 1601 CHESTNUT ST P.O. BOX 7716 PHILADELPHIA PA 19192**
Mailing Address: **TWO LIBERTY PLACE, 1601 CHESTNUT ST P.O. BOX 7716 PHILADELPHIA PA 19192**

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **12/07/1928**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **06-0237820**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.06(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLIGAN, GEORGE, D	
STREET ADDRESS	1601 CHESTNUT ST	
CITY - ST - ZIP	PHILADELPHIA, PENN 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	ISOM, GERALD A	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRANKLIN, RICHARD C	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REEDS, ARTHUR C. III	
STREET ADDRESS	900 COTTAGE GROVE ROAD	
CITY - ST - ZIP	BLOOMFIELD CT	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BLENDER, MARCY F	
STREET ADDRESS	1601 CHESTNUT ST	
CITY - ST - ZIP	PHILADELPHIA, PENN 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ENGEL, JAMES D	
STREET ADDRESS	1601 CHESTNUT ST	
CITY - ST - ZIP	PHILADELPHIA, PENN 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	
14 CITY - ST - ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY - ST - ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY - ST - ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY - ST - ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36 NAME	
37 STREET ADDRESS	
38 CITY - ST - ZIP	
39 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40 NAME	
41 STREET ADDRESS	
42 CITY - ST - ZIP	
43 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
44 NAME	
45 STREET ADDRESS	
46 CITY - ST - ZIP	
47 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
48 NAME	
49 STREET ADDRESS	
50 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
55 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
56 NAME	
57 STREET ADDRESS	
58 CITY - ST - ZIP	
59 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
60 NAME	
61 STREET ADDRESS	
62 CITY - ST - ZIP	

6000017620018 Change Addition
-03/29/96--01014--019
*****3000.00**

SVP/D
Pruske, Geraldine S
1601 Chestnut Street
Phila. Pa. 19192

3-28

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13, changed, or on an attached form with an address.

SIGNATURE: *George D Mulligan* 3/18/96 761 2907
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)