

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 20 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suito, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/07/1928	3a. Date of Last Report 03/28/1996	4. FEI Number 06-0237820	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, GEORGE, D	1.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PENN 00000	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ISOM, GERALD A	2.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, RICHARD C	3.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEDS, ARTHUR C. III	4.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT	4.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLENDER, MARCY F	5.2 NAME	Paul Bergsteinnson
STREET ADDRESS	1601 CHESTNUT ST	5.3 STREET ADDRESS	1601 Chestnut Street
CITY-ST-ZIP	PHILADELPHIA, PENN 00000	5.4 CITY-ST-ZIP	Philadelphia, PA 19192
TITLE	SVPD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRUSKO, GERALDINE D	6.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PENN 19192	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 8/4/97 215-761-2907

CR2E034 (4/97)