FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

803422

(5)

CIGNA PROPERTY AND CASUALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

FILED Feb 23 1998 8:00am Secretary of State



TWO LIBERTY PLACE. 1601 CHESTNUT ST P.O. BOX 7716 PHILADELPHIA PA 19192 2e. Mailing Address 2f. Principal Place of Business 2f. Mailing Address 2g. Mailing Address 2h. FEI Number 2h. Suite, Apt. #, etc. 2h. Suite, Apt. #,	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ne current year Intangible Yes No
3. Date Incorporated or Qualified 12/07/1928 2. Principal Place of Business 2. Ea. Mailing Address 2. Ea. Mailing Address 2. Ea. Mailing Address 3. Date Incorporated or Qualified 12/07/1928 4. FEI Number 6. Cety 8-19	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ne current year Intangible Yes No
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Mailing Address 4. FEI Number 4. FEI Number 6. O6-0237820 5. Certificate of Status Desired 5. Certificate of Status Desired 7. City & State 7. City & State 7. Country 7. Sip Country 8. This corporation owes or has paid the Personal Property Tax due June 30. 7. Name and Address of Current Registered Agent 7. Name and Address of New Register 7. Name and Address of New Register 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees The current year Intengible Yes No
2a. Mailing Address 2b. Mailing Address 2c. Certificate of Status Desired 2c. City & State 2c. Country and Contribution 2c. This corporation owes or has paid the Personal Property Tax due June 3c. Personal Property Tax due Jun	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees The current year Intengible Yes No
26 1601 Chestnut Street Suite, Apt. #, etc. 27 TT_2IG City & State City & State 28 Philadelphia, PA Zip Country 29 19192 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301 28 1601 Chestnut Street Suite, Apt. #, etc. 5. Certificate of Status Desired 5. Election Campaign Financing Trust Fund Contribution Country 8. This corporation owes or has paid the Personal Property Tax due June 30. 10. Name and Address of New Registered Agent THE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees The current year Intengible Yes No
Suite, Apt. #, etc. Suite, Apt. #, etc. 27 TT_2 G	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees The current year Intengible Yes No
City & State Country Zip Country Zip Country Solution Personal Property Tax due June 30. Personal Property Tax due June 30. Registered Agent THE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301 City & State Country Registered Agent To. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 83 84 City	Fee Required \$5.00 May Be Added to Fees The current year Intengible Yes No
City & State City & State 28 Philadelphia, PA Trust Fund Contribution Zip Country Zip Country 29 19192 9. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301 6. Election Campaign Financing Trust Fund Contribution R. This corporation owes or has paid the Personal Property Tax due June 30. Name and Address of New Register Name 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	\$5.00 May Be Added to Fees the current year Intangible Yes No
28 Philadelphia, PA Trust Fund Contribution Zip Country Zip Country 29 19192 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	Added to Fees ne current year Intengible Yes No
Zip Country Zip Country 30 S. This corporation owes or has paid the Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	ne current year Intangible
25 29 19192 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent	Yes No
9. Name and Address of Current Registered Agent THE INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32301 81 Name Street Address (P.O. Box Number is Not Acceptable) 83 84 City	ered Agent
CAPITOL BLDG. TALLAHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
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TALLAHASSEE FL 32301 83 84 City	
83 84 City	
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and the contract of the contra	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpo	ase of changing its registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpor 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	appointment as registered
SIGNATURE Signature, lyriod or pointed nance of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DA	ATE
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS	
TITLE \$ DELETE 1.1 TITLE	Change Addition
NAME MULLIGAN, GEORGE, D 1.2 NAME	
STREET ADDRESS 1601 CHESTNUT ST 1.3 STREET ADDRESS	
DUILADEI DUILA DENIN 00000	
TITLE CD LA CITY-ST-ZIP 21 TITLE	Change Addition
NAME ISOM, GERALD A 22 NAME	
4004 OUTOTAN IT OT	
PANI AND PANIA DA	
FRANKINI BIOLIADO O	☐ Change ☐ Addition
4004 OUTOTHUT OT	
OLH ADEI DUIA DA	
CITY-ST-ZIP PHILADELPHIA PA 34. CITY-ST-ZIP TITLE D XDELETE 4.1 TITLE D	
	Change Addition
NAME REEDS, ARTHUR C. III 4.2 NAME Thomas C. Jones	
STREET ADDRESS 900 COTTAGE GROVE ROAD 4.3 STREET ADDRESS 900 COTTAGE Grove Road	
CITY-SI-ZIP BLOOMFIELD CT 44 CITY-SI-ZIP Bloomfield, CT	
TITLE VT DELETE 5.1 TITLE	Change Addition
NAME BERGSTEINNSON, PAUL 5.2 NAME	ļ
STREET ADDRESS 1601 CHESTNUT ST 5.3 STREET ADDRESS	
CITY-ST-ZIP PHILADELPHIA PA 5.4 CITY-ST-ZIP	
ITLE SVPD DELETE 6.1 TITLE	☐ Change ☐ Addition
VAME PRUSKO, GERALDINE D 6,2 NAME	
STREET ADDRESS 1601 CHESTNUT ST 6.3 STREET ADDRESS	
DITY-ST-ZIP PHILADELPHIA, PENN 19192 6.4 CITY-ST-ZIP	

14. I 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, good an attachment with an address.

Talac.

(215) 761-2907