

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

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FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90228 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 803422

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 1601 CHESTNUT STREET TL21G PHILADELPHIA PA 19192 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/07/1928	4. FEI Number 06-0237820	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. <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 85 Zip Code FL
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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	JONES, THOMAS C	4.2 NAME	
STREET ADDRESS	900 COTTAGE GROVE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD CT	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGSTEINSON, PAUL	5.2 NAME	
STREET ADDRESS	1601 CHESTNUT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	6.1 TITLE	DV <input checked="" 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 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, with all other like empowered.

SIGNATURE: George D. Mulligan REQUIRED
George D. Mulligan, Corporate Secretary
4-19-99 215-261-2902
Date Daytime Phone #

CR2E034 (11/98)