

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **817439 (3)**
1. Corporation Name
CIGNA FIRE UNDERWRITERS INSURANCE COMPANY



Principal Place of Business: **TWO LIBERTY ST 1601 CHESTNUT ST PHILADELPHIA PA 19192**
Mailing Address: **TWO LIBERTY ST 1601 CHESTNUT ST PHILADELPHIA PA 19192**

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **10/24/1963** 3a. Date of Last Report: **04/20/1995**
4. FEI Number: **06-6032187** Applied For: Not Applicable:
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
CAPITAL BLDG
TALLHASSEE FL 32304**

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: _____

11. Pursuant to the provisions of Sections 067.0702 and 067.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 067.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

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	VT	<input type="checkbox"/> DELETE
NAME	BLENDER, MARCY F.	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DALY, MICHAEL J	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLIGAN, GEORGE, D	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IRVAN, ROBERT P.	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA, PA 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
42 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41 STREET ADDRESS	STAGIANO, JOSEPH
44 CITY-ST-ZIP	1601 CHESTNUT ST
44 CITY-ST-ZIP	PHILA. PA. 19192
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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2/13/96

14. I do hereby certify that the information supplied with this form is voluntary, true and correct and that I am an officer or director of the corporation or its 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 it changed, or in a certificate with an add page.

SIGNATURE: *George W. Mulligan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

761-2907

CR2E034 (12/95)