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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 827838

(4)

1. Corporation Name

CIGNA REINSURANCE COMPANY

Principal Place of Business

TWO LIBERTY PLACE
1601 CHESTNUT ST.
PHILADELPHIA PA 19192

Mailing Address

TWO LIBERTY PLACE
1601 CHESTNUT ST.
PHILADELPHIA PA 19192



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL 32304

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 607.0002 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0005, Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this statement

Signature of the person who is authorized to execute this statement

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
VT	BLENDER, MARY FINKEL	TWO LIBERTY PL, 1601 CHESTNUT ST	PHILADELPHIA PA
PD	ARSTRONG, F. M	1601 CHESTNUT ST.	PHILADELPHIA PA
S	MULLIGAN, GEORGE	1601 CHESTNUT ST.	PHILADELPHIA PA
C	SEAVER, JAMES J JR.	1601 CHESTNUT ST	PHILADELPHIA PA
V	IRVAN, ROBERT P	1601 CHESTNUT STREET	PHILADELPHIA PA
V	ROHREKEMPER, PAUL H	TWO LIBERTY PL, 1601 CHESTNUT	PHILADELPHIA PA

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
VD	Engel, James D	1601 Chestnut St	Philadelphia, Pa.
S	Cohen, Lori	1601 CHESTNUT STREET	PHILADELPHIA, PA 19192
VD	LIVZET, Joseph R	1601 CHESTNUT STREET	PHILADELPHIA, PA 19192
VD	MALY, MICHAEL J	1601 CHESTNUT STREET	PHILADELPHIA, PA 19192

14. I am hereby certifying that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/96

CR2E034 (12/95)