

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

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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 19182

Mailing Address
TWO LIBERTY PLACE
1601 CHESTNUT ST.
PHILADELPHIA PA 19182-0003

3. Date Incorporated or Qualified 04/18/1972
3a. Date of Last Report 03/28/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 23-1740414	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE 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 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	VT BLENDER, MARY FINKEL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VT Garrett, Kenneth R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TWO LIBERTY PL, 1601 CHESTNUT ST	1.2 NAME	1601 Chestnut Street
STREET ADDRESS	PHILADELPHIA PA	1.3 STREET ADDRESS	Philadelphia PA 19192
CITY - ST - ZIP	PD <input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
TITLE	ENGEL, JAMES D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 CHESTNUT ST.	2.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	2.3 STREET ADDRESS	
CITY - ST - ZIP	S <input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP	
TITLE	COZEN, LORI <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 CHESTNUT ST.	3.2 NAME	
STREET ADDRESS	PHILADELPHIA PA 19192	3.3 STREET ADDRESS	
CITY - ST - ZIP	C <input checked="" type="checkbox"/> DELETE	3.4 CITY - ST - ZIP	
TITLE	SEAVER, JAMES J JR.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 CHESTNUT ST	4.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	4.3 STREET ADDRESS	
CITY - ST - ZIP	VD <input type="checkbox"/> DELETE	4.4 CITY - ST - ZIP	
TITLE	LIUZZI, JOSEPH R <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 CHESTNUT STREET	5.2 NAME	
STREET ADDRESS	PHILADELPHIA PA 19192	5.3 STREET ADDRESS	
CITY - ST - ZIP	VD <input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	
TITLE	DALY, MICHAEL J <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 CHESTNUT ST	6.2 NAME	
STREET ADDRESS	PHILADELPHIA PA 19192	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 is dated 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: Lori Cozen 2-7-97 (215)761-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)