

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 026 ***150.00

0545052

DOCUMENT # 827838

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 1601 Chestnut Street

27 Suite, Apt. #, etc.

27 Two Liberty Place

City & State

28 Philadelphia, PA

Zip

29 19192

Country

30

3. Date Incorporated or Qualified

04/18/1972

4. FEI Number

23-1740414

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 owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE

NAME GARRETT, KENNETH R
STREET ADDRESS 1601 CHESTNUT STREET
CITY-ST-ZIP PHILADELPHIA PA

TITLE PD ☐ DELETE

NAME ENGEL, JAMES D
STREET ADDRESS 1601 CHESTNUT ST.
CITY-ST-ZIP PHILADELPHIA PA

TITLE S ☒ DELETE

NAME MULLIGAN, GEORGE D
STREET ADDRESS 1601 CHESTNUT ST.
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE VD ☐ DELETE

NAME LIUZZI, JOSEPH R
STREET ADDRESS 1601 CHESTNUT STREET
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE VD ☐ DELETE

NAME DALY, MICHAEL J
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

S
Bowden, Cheryl A.
1601 Chestnut Street
Philadelphia, PA 19192

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Cheryl A. Bowden
Corporate Secretary

215-761-2004

Date

Daytime Phone #

CR2E034 (11/98)