FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # 838899 (3)

1. Corporation Name
CIGNA International Corporation
1601 Chestnut Street - P.O. Box 7716
Philadelphia, PA 19192-2135

Principal Place of Business / Mailing Address
same as above

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/08/1977
3a. Date of Last Report: 4/26/94

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

4. FEI Number: 51-0111677 ☐ 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

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V/S	11 TITLE	☐ Change ☐ Addition
NAME	Crowley, James M.	12 NAME	
STREET ADDRESS	1601 Chestnut Street	13 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19192-2135	14 CITY-ST-ZIP	
TITLE	P/S	21 TITLE	☐ Change ☐ Addition
NAME	Hanway, H.E.	22 NAME	
STREET ADDRESS	1601 Chestnut Street	23 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19192-2135	24 CITY-ST-ZIP	
TITLE	V/T	31 TITLE	☐ Change ☐ Addition
NAME	Garst, David B.	32 NAME	
STREET ADDRESS	1601 Chestnut Street	33 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19192-2135	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	Williams, Robert C.	42 NAME	
STREET ADDRESS	1601 Chestnut Street	43 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19192-2135	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	Wood, David H.	52 NAME	
STREET ADDRESS	1601 Chestnut Street	53 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19192-2135	54 CITY-ST-ZIP	
TITLE	A/S	61 TITLE	☐ Change ☐ Addition
NAME	McCole, Joseph E.	62 NAME	
STREET ADDRESS	1601 Chestnut Street	63 STREET ADDRESS	
CITY-ST-ZIP	Philadelphia, PA 19192-2135	64 CITY-ST-ZIP	See 5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Joseph E. McCole 4/25/95 215-761-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #