

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

CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 838899 (3) 1. Corporation Name		000001830050 -05/20/96--01062--009 ***200.00	
CIGNA INTERNATIONAL CORPORATION		DO NOT WRITE IN THIS SPACE	
Principal Place of Business		Mailing Address	
1601 Chestnut Street - P.O. Box 7716 Philadelphia, PA 19192-2135		3. Date Incorporated or Qualified 08/08/77	
2. Principal Place of Business		3a. Date of Last Report 04/25/95	
21 Suite, Apt. #, etc.		4. FEI Number 51-0111677	
22 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		5. Certificate of Status Desired \$8.75 Additional Fee Required	
24 Country		6. Election Campaign Financing \$5.00 May Be Added to Fees	
25		Trust Fund Contribution <input type="checkbox"/>	
26		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27			
28			
29			
30			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT Corporation System 1200 S. Pine Island Road Plantation, FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code FL	
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 _____			
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V - Crowley, James M.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 Chestnut Street	12 NAME	
STREET ADDRESS	Philadelphia, PA 19192-2135	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	P - B. Kingsley Schubert	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 Chestnut Street	22 NAME	
STREET ADDRESS	Philadelphia, PA 19192-2135	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	V/T - Garst, David B.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 Chestnut Street	32 NAME	
STREET ADDRESS	Philadelphia, PA 19192-2135	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	V - Williams, Robert C.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 Chestnut Street	42 NAME	
STREET ADDRESS	Philadelphia, PA 19192-2135	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	V/D - Wood, David H.	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 Chestnut Street	52 NAME	
STREET ADDRESS	Philadelphia, PA 19192-2135	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	AS - McCole, Joseph E.	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1601 Chestnut Street	62 NAME	
STREET ADDRESS	Philadelphia, PA 19192-2135	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
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)(k), 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 4-26-96 215-761-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	