

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838899 (3)  
1. Corporation Name  
CIGNA INTERNATIONAL CORPORATION

Principal Place of Business  
1601 CHESTNUT STREET  
P.O. BOX 7716  
PHILADELPHIA PA 19192-2135

Mailing Address  
1601 CHESTNUT STREET  
P.O. BOX 7716  
PHILADELPHIA PA 19192-2135



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/08/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 51-0111677	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
		FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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

(NO 11. Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROWLEY, JAMES M.	1.2 NAME	JEFFREY A. BRUNETTI
STREET ADDRESS	1601 CHESTNUT STREET	1.3 STREET ADDRESS	1601 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	1.4 CITY-ST-ZIP	PHILADELPHIA, PA 19192
TITLE	PD	2.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUBERT, B. KINGSLEY	2.2 NAME	J. ERICK JENSEN
STREET ADDRESS	1601 CHESTNUT STREET	2.3 STREET ADDRESS	1601 CHESTNUT STREET
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	2.4 CITY-ST-ZIP	PHILADELPHIA, PA 19192
TITLE	VT	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARST, DAVID B.	3.2 NAME	LISA A. HANSSON
STREET ADDRESS	1601 CHESTNUT STREET	3.3 STREET ADDRESS	1601 CHESTNUT ST.
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	3.4 CITY-ST-ZIP	PHILADELPHIA, PA 19192
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT C	4.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, DAVID H.	5.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLE, JOSEPH E	6.2 NAME	
STREET ADDRESS	1601 CHESTNUT STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	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.

SIGNATURE: Jeffrey A. Brunetti

3/30/98

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CR2E034 (10/97)