

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

DOCUMENT # 838899

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

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90030 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1977

4. FEI Number

51-0111677

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 ATTN: TAX DEPT TL 13A

23 City & State

27 P.O. Box 41553

24 Zip

25 Country

28 Zip

29 Country

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

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 AS  
NAME BRUNETTI, JEFFREY A  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19192-2135

☒ DELETE

TITLE PD  
NAME SCHUBERT, B. KINGSLEY  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19192-2135

☐ DELETE

TITLE VT  
NAME GARST, DAVID B.  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19192-2135

☒ DELETE

TITLE VP  
NAME JENSEN, J ERICK  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19192-2135

☒ DELETE

TITLE VD  
NAME WOOD, DAVID H.  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19192-2135

☒ DELETE

TITLE S  
NAME HANSSEN, LISA A  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19192-2135

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS  
1.2 NAME RIEMER, WESLEY  
1.3 STREET ADDRESS 1601 CHESTNUT ST  
1.4 CITY-ST-ZIP PHILADELPHIA PA 19192

☐ Change ☒ Addition

2.1 TITLE J/T  
2.2 NAME BLACKWOOD RICHARD  
2.3 STREET ADDRESS 1601 CHESTNUT ST  
2.4 CITY-ST-ZIP PHILADELPHIA PA 19192

☐ Change ☒ Addition

3.1 TITLE N  
3.2 NAME MOOSE, ROBERT  
3.3 STREET ADDRESS 1601 CHESTNUT ST  
3.4 CITY-ST-ZIP PHILADELPHIA PA 19192

☐ Change ☒ Addition

4.1 TITLE J  
4.2 NAME CUPP SAMUEL B  
4.3 STREET ADDRESS 1601 CHESTNUT ST  
4.4 CITY-ST-ZIP PHILA PA 19192

☐ Change ☒ Addition

5.1 TITLE J  
5.2 NAME RITCHIE JAMES  
5.3 STREET ADDRESS 1601 CHESTNUT ST  
5.4 CITY-ST-ZIP PHILADELPHIA PA 19192

☐ Change ☒ Addition

6.1 TITLE J  
6.2 NAME LATROB ALFREDO  
6.3 STREET ADDRESS 1601 CHESTNUT ST  
6.4 CITY-ST-ZIP PHILADELPHIA PA 19192

☐ Change ☒ Addition

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:

Wesley N. Riemer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

Date

Daytime Phone #

CR2E034 (1/198)