

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838899

1. Entity Name

CIGNA INTERNATIONAL CORPORATION

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90143 004 \*\*\*150.00

Principal Place of Business

Mailing Address

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

ATTN: TAX DEPT TL13A  
P.O. BOX 41553  
PHILADELPHIA PA 19101-1553  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

TWO LIBERTY PLACE  
Suite, Apt. #, etc.  
1601 CHESTNUT STREET, TL13A

TWO LIBERTY PLACE  
Suite, Apt. #, etc.  
1601 CHESTNUT STREET TL13A

City & State  
PHILADELPHIA, PA  
Zip 19192 Country US

City & State  
PHILADELPHIA, PA  
Zip 19103 Country US

4. FEI Number 51-0111677

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	AS	<input type="checkbox"/> Delete
NAME	RIEMER, WESLEY	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCHUBERT, B. KINGSLEY	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	BLACKWOOD, RICHARD	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOOSE, ROBERT	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CUPP, SAMUEL B	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANSEN, LISA A	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19192-2135	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY L. KENDALL	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES JOSEPH RITCHIE	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYNJA P. KIM	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #