

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90038 050 ***150.00

DOCUMENT # 838899

1. Entity Name
CIGNA INTERNATIONAL CORPORATION

Principal Place of Business
TWO LIBERTY PLACE
1601 CHESTNUT STREET, TL13A
PHILADELPHIA PA 19192
US

Mailing Address
TWO LIBERTY PLACE
1601 CHESTNUT STREET TL13A
PHILADELPHIA PA 19103
US

2. Principal Place of Business

3. Mailing Address

TWO LIBERTY PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1601 CHESTNUT STREET, TL13A

City & State

City & State

PHILADELPHIA, PA

Zip

Country

Zip

19192

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	AS RIEMER, WESLEY 1601 CHESTNUT ST PHILADELPHIA PA 19192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENDALL, TERRY L 1601 CHESTNUT ST PHILADELPHIA PA 19192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RITCHIE, JAMES J 1601 CHESTNUT ST PHILADELPHIA PA 19192	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOOSE, ROBERT 1601 CHESTNUT STREET PHILADELPHIA PA 19192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIM, SYNJA P 1601 CHESTNUT ST PHILADELPHIA PA 19192	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HANSEN, LISA A 1601 CHESTNUT STREET PHILADELPHIA PA 19192-2135	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONATHAN D. HATCH 1601 CHESTNUT ST. PHILADELPHIA, PA 19192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STANDLEY H. HOCH 1601 CHESTNUT ST. PHILADELPHIA, PA 19192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Wesley N. Riemer WESLEY N. RIEMER

Date

4/3/01

Daytime Phone #

215-761-1538

CR2E034 (10/00)