

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2002 8:00 am  
Secretary of State

02-24-2002 90001 039 \*\*\*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 19192  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**51-0111677**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS RIEMER, WESLEY 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KENDALL, TERRY L 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HATCH, JONATHAN D 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MOOSE, ROBERT 1601 CHESTNUT STREET PHILADELPHIA PA 19192</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KIM, SYNJA P 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. HOCH, STANLEY H 1601 CHESTNUT STREET PHILADELPHIA PA 19192-2135</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS JOSEPH P. LERARIO 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T DAVID S. SCHEIBE 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Robert J. Hughes 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<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	<b>V/AT SYNJA P. KIM 1601 CHESTNUT ST PHILADELPHIA PA 19192</b>	<input checked="" 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:

*Joseph P. Lerario*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/5/02*  
Date

*215.761.1541*  
Daytime Phone #

CR2E034 (9/01)