


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90237 028 \*\*\*150.00

DOCUMENT # 838899	
1. Entity Name  CIGNA INTERNATIONAL CORPORATION	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>TWO LIBERTY PLACE</b>		3. Mailing Address <b>TWO LIBERTY PLACE</b>	
Suite, Apt. #, etc. <b>1601 CHESTNUT STREET, TLOGA</b>		Suite, Apt. #, etc. <b>1601 CHESTNUT STREET, TLOGA</b>	
City & State <b>PHILADELPHIA, PA</b>		City & State <b>PHILADELPHIA, PA</b>	
Zip <b>19192</b>	Country <b>USA</b>	Zip <b>19192</b>	Country <b>USA</b>

**54035023**

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>51-0111677</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	

10. OFFICERS AND DIRECTORS			
TITLE	AS	TITLE	
NAME	O'MARA, MICHAEL	NAME	
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	KENDALL, TERRY L.	NAME	
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	HATCH, JONATHAN D.	NAME	
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	CITY-ST-ZIP	
TITLE	VT	TITLE	
NAME	SCHEIBE, DAVID S.	NAME	
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	CITY-ST-ZIP	
TITLE	VAT	TITLE	
NAME	KIM, SYNJA P.	NAME	
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	HUGHES, ROBERT J.	NAME	
STREET ADDRESS	1601 CHESTNUT STREET	STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA, PA 19192	CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/8/04	215-761-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034B (12/02)