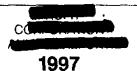
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 848344

1601 CHESTNUT ST.

PHILADELPHIA PA

STREET ADDRESS

CITY-ST-ZIP

(8)

CIGNA EMPLOYERS INSURANCE COMPANY



97 OCT 20 PH 1:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

A CORPULATIVA DIBAK KATAN ANDA ANDA BIBLA BIBLADAH DIBAK DIBAK BIBLADAH BIBLADAH BIBLADAH

Principal Plac	e of Business	Mailing Address	·					
i .	Y PLACE/1601 CHESTNUT ST.	· ·		EINSTATEMENT 1997				
					3. Date Incorporated or Qualified 3a. Date of Last 6 02/26/1981 03/28/1996		•	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26 Two Libert	y Place	- TL 21G	23-2137343		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27 1601 Chestnut St.		5. Certificate of Status Desired	1 7 7 7 7 7	5 Additional Required		
City & Stat		City & State Philadelphi			Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip 24	Country 25	Zip 19192	Country 30	y	This corporation owes or has personal Property Tax due June		Intangible No	
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Ro	egistered Agent		
INS	SURANCE COMMISSIONER		81	Name				
THE CAPITOL TALLAHASSEE FL 32301				Street Addre	t Address (P.O. Box Number is Not Acceptable)			
			83					
			84	City		 B5 Z	ip Code	
			64	City		FL °° ´°	rp Code	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obligations are secured to the obligations of the provision of the provisions of the provision of the provision of the provisions of the p	of Florida. Such change wa:	s authorized b	v the corporation	oration submits this statement for the join's board of directors. I hereby acce	purpose of changing pt the appointment	g its registered as registered	
	Signature, typed or printed name of registimed ages			ent signature require		DATE		
12.	OFFICERS AND			- -	ADDITIONS/CHANGES TO OFFI			
TITLE	DELETE DELETE		1.1 TITLE		1000023	L Chang	e Addition	
NAME	REEDS, ARTHUR C. III 900 COTTAGE GROVE RD		1.2 NAME		-10/22/	9701103-	-105	
STREET ADDRESS	BLOOMFIELD CT		1.3 STREET ADDRESS			0.80 ****		
CITY-ST-ZIP	VC VC	DELETE	1.4 CITY-1	ST-ZIP	44444	Chang		
TITLE	SEARS, JAMES A		2.1 1/1/16				je Addition	
NAME STREET ADDRESS	1601 CHESTNUT ST.		2.2 NAME	I ADDOCCO				
CITY-ST-ZIP	PHILADELPHIA, PA 00000		2.3 STREE 2. 4 City-	I ADDRESS				
TITLE	S	DELETE	3.1 TILE	31-11r		Chang	ie Addition	
NAME	MULLIGAN, GEORGE D.		3.2 NAME					
STREET ADDRESS	1601 CHESTNUT ST.		3 3 STREE	ADDRESS				
CITY-ST-ZIP	PHILADELPHIA, PA 00000		3.4. CITY-					
TITLE	VT	DELETE	4,1 TITLE	V'		Chang	e X Addition	
NAME	BLENDER, MARCY F.	^	4.2 NAME		arrett, Kenneth R.	_		
STREET ADDRESS	1601 CHESTNUT ST.		4.3 STREET		601 Chestnut St.			
CITY-ST-ZIP	PHILADELPHIA PA		4.4 CITY - 9		hiladelphia, PA			
TITLE	CD	DELETE	5.1 TITLE	-1 -1	nittawethnital tu-	Chang	e 🔲 Addition	
NAME	ISOM, GERALD A		5.2 NAME	{				
STREET ADDRESS	1601 CHESTNUT ST.		5.3 STREET	I ADDRESS	1 -			
CITY-ST-ZIP_	PHILADELPHIA PA		5.4 C(1) Y - 5	ST-ZIP	Uc a	lan		
TITLE	PD	☐ DELETE	6.1 TITLE		10.	120/grap	e 🔲 Addition	
NAME	Franklin, Richard C		62 NAME	1	101	10117		

6.3 STREET ADDRESS

6.4 CITY - S1 - ZIP 14. I do 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 13 if changed, or on an attachment with an address.