

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.)

APPROVED  
AND  
FILED

97 OCT 20 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1997

DOCUMENT # **848344** (8)

1. Corporation Name

**CIGNA EMPLOYERS INSURANCE COMPANY**

Principal Place of Business

Mailing Address

**TWO LIBERTY PLACE/1601 CHESTNUT ST.  
P.O. BOX 7716  
PHILADELPHIA PA 19192**

**TWO LIBERTY PLACE/1601 CHESTNUT ST.  
P.O. BOX 7716  
PHILADELPHIA PA 19192**

**REINSTATEMENT 1997**  
DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 02/26/1981	<b>3a. Date of Last Report</b> 03/28/1996
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Two Liberty Place- TL 21G	<b>4. FEI Number</b> 23-2137343		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>22</b> City & State	<b>27</b> 1601 Chestnut St.	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>23</b> Zip	<b>28</b> Philadelphia, PA	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>24</b> Country	<b>29</b> 19192	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**9. Name and Address of Current Registered Agent**

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>REEDS, ARTHUR C. III</b>	<b>1.2 NAME</b>	<b>100002327291--6</b>
<b>STREET ADDRESS</b>	<b>900 COTTAGE GROVE RD</b>	<b>1.3 STREET ADDRESS</b>	<b>-10/22/97--01103--005</b>
<b>CITY-ST-ZIP</b>	<b>BLOOMFIELD CT</b>	<b>1.4 CITY-ST-ZIP</b>	<b>****750.00 ****750.00</b>
<b>TITLE</b>	<b>VC</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SEARS, JAMES A</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1601 CHESTNUT ST.</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>PHILADELPHIA, PA 00000</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MULLIGAN, GEORGE D.</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1601 CHESTNUT ST.</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>PHILADELPHIA, PA 00000</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VT</b> <input checked="" type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>BLENDER, MARCY F.</b>	<b>4.2 NAME</b>	<b>Garrett, Kenneth R.</b>
<b>STREET ADDRESS</b>	<b>1601 CHESTNUT ST.</b>	<b>4.3 STREET ADDRESS</b>	<b>1601 Chestnut St.</b>
<b>CITY-ST-ZIP</b>	<b>PHILADELPHIA PA</b>	<b>4.4 CITY-ST-ZIP</b>	<b>Philadelphia, PA</b>
<b>TITLE</b>	<b>CD</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ISOM, GERALD A</b>	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1601 CHESTNUT ST.</b>	<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>PHILADELPHIA PA</b>	<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FRANKLIN, RICHARD C</b>	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>1601 CHESTNUT ST.</b>	<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>PHILADELPHIA PA</b>	<b>6.4 CITY-ST-ZIP</b>	

**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 12 or Block 13 if changed, or on an attachment with an address.**

SIGNATURE:

SIGNATURE REQUIRED

*George Mulligan*

CR2E034 (4/97)