## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 853656 (7) 1. Corporation Name									
CIGNA ASSOCIATES, INC.						a andro: escali dirent arrib direct dicer		t <b>6464) 616</b> 11	<b>.</b>
Principal Place o	of Business	Mailing Address				1 (EBIB) 18(B) BIJSO 1() B BI(B) BI(III		1 Activit Ababit (	Sidni Aidri 1881
900 COTTAGE GROVE RD.  BLOOMFIELD CT 06002 900 COTTAGE GROVE RD.  BLOOMFIELD CT 06002									
					[ ;	<ol> <li>Date Incorporated or Qualified 08/04/1982</li> </ol>	1	of Last Re 1/30/199	-
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number	- <b>1</b> n	A	opplied For
21 Suite, Apt. #,	etc	Suite Act #, etc.	Suite, Apt. #, etc.			06-1064919   Not Applicable   \$8.75 Additional			
22	, CAC	27				5. Certificate of Status Desired		+	Required
City & State		City & State				Election Campaign Financing     Trust Fund Contribution			May Be
Zip	Zip Country Zip			Country  8. This corporation has lia Florida Statutes			ability for intangible tax under s 199.032,		
24	9. Name and Address of Current		1301 T		1	0. Name and Address of New R		igent	
	MANUTE POLICE		6	1 Name	е				
CT CORPORATION SYSTEM			8	2 Stree	t Address	(P.O. Box Number is Not Acceptab	ile)		
1200 S. PINE ISLAND ROAD			8	3					
PLANIAI	TION FL 33324							les Zie	Code
				4 City			FL	1-1	
or registered	the provisions of Sections 607.0502 a d agent, or both, in the State of Florida , and accept the obligations of, Section	a. Such change was authoriz	ed by the co	named in poration?	corporation 's board of	a submits this statement for the pur directors. I hereby accept the app	pose of cha ointment as	nging its re registered	egistered office agent. I am
SIGNATURE .	ligital ire: typed or printed name of registered ages La	od+N. if mulicorus // MO	It. Ragistered A	and emodel in	n rain irait wha	n renotation)	DATE		<del></del>
12	OFFICERS AND		13.	part argricos		ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
10 cF	D	DELETE	1 1 THTU	Ē	Direc		T.	-Change	☐ Addition
NAME	TRUMBULL, GEORGE REA III		1 2 NAM			rd M. Berube			
STREET ADDRESS	15 SHADOW BROOK WEST SIMSBURY CT			ET ADURESS ESTEZIP	West	mucos Rd. Hartford, CT 06119			
CHY-ST-ZIP TIFLE	PD PD	☐ DELETE	2 1 111		12	L 4		Change	Addition
NAME	WILKINSON, JOHN		2 2 NAN	E	Davi	d Corne Scheinerma	1		
STREET ADDRESS	900 COTTAGE GROVE RD.			ET ADORESS	s 29	clark Dr.			
CITY-ST-7IP TILE	BLOOMFIELD CT V	T DELETE	2 4 CITY 3 1 THT	-ST-ZIP	West	Hartford, CT O		7 Change	Addition
NAME	BELTRAMELLO, DAVID P.	_, >====================================	3 2 NAA				_		
STREET ADDRESS	60 BARRY PLACE		3 3 STF	EET ADDRES	ss				
0:1Y S1-7/P	SUFFIELD CT			-\$T-7iP				7 0	- 148°-
117LF	\$	DELETE	4 1 111				L	Change	☐ Addition
NAME STREET ADDRESS	KOPP, DAVID C. 900 COTTAGE GROVE RD.		4.2 NAM	ie Eet address	:0				
DITY ST-7IF	BLOOMFIELD CT			'-ST-ZIP	~				
11Ft F	D	DELETE	5 1 TIT					Change	☐ Addition
NAME	HERTER, THERESA M		5.2 NAM	IE					
STREET ADDRESS	13 OLDEFIELD FARMS			EET ADDRES:	is				
CHY-S1-ZIF	ENFIELD CT	FIDELETE		r-ST-7(P	<del></del>			Change	Addition
THEF	T	DELETE	6 1 TH		Treas	an Chester Stochalek	u	- change	LI ADDRESS.
NAME ELUCITADODES	MARCUS, GAIL BOXER		6.2 NAS	it Eet addres:	~   OA /	Coetle wood Dr.			
STREET ADDRESS	48 HOWEY ROD			EET ADDRES! F-ST-ZIP	Ecne	ington, CT 06037			
14. I do hereby	ASHFORD CT / certify that the information supplied w the information indicated on this annual	ith this filing is voluntarily furi			qualify for the	ne exemption stated in Section 119	.07(3)(k), Flo	rida Statut effect as if	tes. I further I made under

certify that the information indicated on his annual report or supplemental annual report is rue and accurate and that my signature shall rave 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. MURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Lawon, Controller 1/29/94 840-726-5294 SIGNATURE: