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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 853656

(7)

1. Corporation Name

CIGNA ASSOCIATES, INC.



Principal Place of Business

Mailing Address

900 COTTAGE GROVE RD.
BLOOMFIELD CT 06002

900 COTTAGE GROVE RD.
BLOOMFIELD CT 06002

3. Date Incorporated or Qualified

08/04/1982

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	TRUMBULL, GEORGE REA III	15 SHADOW BROOK	WEST SIMSBURY CT	<input type="checkbox"/>
PD	WILKINSON, JOHN	900 COTTAGE GROVE RD.	BLOOMFIELD CT	<input type="checkbox"/>
V	BELTRAMELLO, DAVID P.	60 BARRY PLACE	SUFFIELD CT	<input type="checkbox"/>
S	KOPP, DAVID C.	900 COTTAGE GROVE RD.	BLOOMFIELD CT	<input type="checkbox"/>
D	HERTER, THERESA M	13 OLDEFIELD FARMS	ENFIELD CT	<input type="checkbox"/>
T	MARCUS, GAIL BOXER	48 HOWEY ROAD	ASHFORD CT	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
Director	Edward M. Berube	4 Fernwood Rd.	West Hartford, CT 06119	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President	David Coyne Scheinerman	29 Clark Dr.	West Hartford, CT 06117	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	Stephen Chester Stachalek	80 Castlewood Dr.	Kensington, CT 06037	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Janith Y. Lawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janith Y. Lawson, Controller 1/29/96

Date

810-726-5296

Daytime Phone #

CR2E034 (12/95)