

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000513

Entity Name: CIGNA HEALTHCARE, INC.

FILED  
Mar 19, 2009  
Secretary of State

## Current Principal Place of Business:

8515 E. ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

## New Principal Place of Business:

116 RIVER ROAD  
BEDFORD, VT 05401

## Current Mailing Address:

8515 E. ORCHARD ROAD  
GREENWOOD VILLAGE, CO 80111

## New Mailing Address:

116 RIVER ROAD  
BEDFORD, VT 05401

FEI Number: 02-0495422

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete  
Name: GOLDIN, DONNA A  
Address: 8505 E. ORCHARD ROAD  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: PD ( ) Delete  
Name: KNACKSTEDT, CHRISTOPHER M  
Address: 8505 E. ORCHARD ROAD  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: S ( ) Delete  
Name: SCHULTZ, RICHARD G  
Address: 8505 E. ORCHARD ROAD  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: T ( ) Delete  
Name: DERBACK, GLEN R  
Address: 8505 E. ORCHARD ROAD  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: D ( ) Delete  
Name: ROSENBAUM, MARTIN  
Address: 8505 E. ORCHARD ROAD  
City-St-Zip: GREENWOOD VILLAGE, CO 80111

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: HOCEVAR, CHRISTOPHER J  
Address: 116 RIVER ROAD  
City-St-Zip: BEDFORD, VT 05401

Title: SEC (X) Change ( ) Addition  
Name: MAPP, SHERMONA  
Address: 116 RIVER ROAD  
City-St-Zip: BEDFORD, VT 05401

Title: TVP (X) Change ( ) Addition  
Name: MCHALE, BARRY R  
Address: 116 RIVER ROAD  
City-St-Zip: BEDFORD, VT 05401

Title: DIR (X) Change ( ) Addition  
Name: DALL, MARCIA  
Address: 116 RIVER ROAD  
City-St-Zip: BEDFORD, VT 05401

Title: DIR (X) Change ( ) Addition  
Name: ROSENBAUM, MARTIN  
Address: 116 RIVER ROAD  
City-St-Zip: BEDFORD, VT 05401

Title: DIR ( ) Change (X) Addition  
Name: WEIMER, KURT ALLEN  
Address: 116 RIVER ROAD  
City-St-Zip: BEDFORD, VT 05401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA LOUIS

POA

03/19/2009

Electronic Signature of Signing Officer or Director

Date