

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000000513

Entity Name: CIGNA HEALTHCARE, INC.

FILED
Aug 04, 2010
Secretary of State

Current Principal Place of Business:

116 RIVER ROAD
BEDFORD, VT 05401

New Principal Place of Business:

1601 CHESTNUT STREET
PHILADELPHIA, PA 19192

Current Mailing Address:

116 RIVER ROAD
BEDFORD, VT 05401

New Mailing Address:

1601 CHESTNUT STREET
PHILADELPHIA, PA 19192

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: HOCEVAR, CHRISTOPHER J PRES
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

Title: TVP
Name: MCHALE, BARRY R TVP
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

Title: SEC
Name: MAPP, SHERMONA SEC
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

Title: DIR
Name: WEIMER, KURT ALLEN DIR
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

Title: DIR
Name: WEINMAN, JEFFREY MARTIN DIR
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

I hereby 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 all other like empowered.

SIGNATURE: LAURA LOUIS

POA

08/04/2010

Electronic Signature of Signing Officer or Director

Date