2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2011
Secretary of State

DOCUMENT# F08000000513

Entity Name: CIGNA HEALTHCARE, INC.

Current Principal Place of Business:

1601 CHESTNUT STREET
PHILADELPHIA, PA 19192

New Principal Place of Business:

Current Mailing Address:

1601 CHESTNUT STREET
PHILADELPHIA, PA 19192

New Mailing Address:

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
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

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

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

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

Title: DIR
Name: WEINMAN, JEFFREY MARTIN
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 04/09/2011

Electronic Signature of Signing Officer or Director Date