

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002814

FILED
May 17, 2010
Secretary of State

Entity Name: CIGNA HEALTH AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

11595 NORTH MERIDIAN STREET
SUITE 600
CARMEL, IN 46032

New Principal Place of Business:

900 COTTAGE GROVE ROAD
HARTFORD, CT 06152

Current Mailing Address:

8505 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111 US

New Mailing Address:

900 COTTAGE GROVE ROAD
HARTFORD, CT 06152

FEI Number: 59-1031071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: MANDERS, MATTHEW G
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: SEC
Name: MAPP, SHERMONA
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: TRES
Name: MCHALE, BARRY R
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: VP
Name: PORCELLO, DAVID M
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: DIR
Name: MCCARTHY, THOMAS A
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: DIR
Name: POTANKA, EDWARD P
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

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

05/17/2010

Electronic Signature of Signing Officer or Director

Date