

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002814

FILED
Mar 08, 2011
Secretary of State

Entity Name: CIGNA HEALTH AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

900 COTTAGE GROVE ROAD
HARTFORD, CT 06152

New Principal Place of Business:

Current Mailing Address:

900 COTTAGE GROVE ROAD
HARTFORD, CT 06152

New Mailing Address:

FEI Number: 59-1031071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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

OFFICERS AND DIRECTORS:

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

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

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

Title: CFO
Name: PALMER, ERIC P
Address: 900 COTTAGE GROVE ROAD
City-St-Zip: HARTFORD, CT 06152

Title: DIR
Name: MCCARTHY, THOMAS A
Address: 1601 CHESTNUT STREET
City-St-Zip: PHILADELPHIA, PA 19192

Title: S
Name: MCMONAGLE, JOHN W
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: BRIAN CURRAN

AS

03/08/2011

Electronic Signature of Signing Officer or Director

Date