


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90012 034 \*\*\*150.00

<b>DOCUMENT # F98000005841</b> 1. Entity Name <b>CIGNA INTEGRATEDCARE, INC.</b>					
Principal Place of Business <b>1601 CHESTNUT STREET PHILADELPHIA, PA 19192</b>			Mailing Address <b>% CIGNA CORP., TAX DEPARTMENT S-260 900 COTTAGE GROVE ROAD HARTFORD, CT 06152</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-2924152</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>BELL, MICHAEL W</b> <b>1650 MARKET ST</b> <b>PHILADELPHIA, PA 19192</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MOBOD</b> <b>Michael A. Israelite</b> <b>Two Liberty Place</b> <b>Philadelphia, PA 19192</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>PASTORE, WILLIAM M</b> <b>900 COTTAGE GROVE ROAD</b> <b>HARTFORD, CT 06152</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mark P. Marsters</b> <b>Two Liberty Place</b> <b>Philadelphia, PA 19192</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>REISENWITZ, ERIC M</b> <b>TWO LIBERTY PLACE, 1601 CHESTNUT STREET</b> <b>PHILADELPHIA, PA 19192</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gregory Howard Wolf</b> <b>Two Liberty - 724K</b> <b>Philadelphia, PA 19192</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>REISENWITZ, ERIC M</b> <b>TWO LIBERTY PL</b> <b>PHILADELPHIA, PA 19192</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mark P. Marsters</b> <b>Two Liberty PLACE</b> <b>Philadelphia PA 19192</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT</b> <b>MCHALE, BARRY R</b> <b>TWO LIBERTY PL</b> <b>PHILADELPHIA, PA 19192</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>DACOSTA, JEFFREY W</b> <b>401 WHITE HORSE ROAD</b> <b>VOORHEES, NJ 08043</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Shene P. Gentile</i></u> <b>ASST. Secretary (860) 226-6597</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> <u><i>Irene P. Gentile</i></u>					