


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90042 004 ***150.00

DOCUMENT # F98000005841 1. Entity Name CIGNA INTEGRATEDCARE, INC.					
Principal Place of Business 1601 CHESTNUT STREET PHILADELPHIA, PA 19192			Mailing Address % CIGNA CORP., TAX DEPARTMENT S-260 900 COTTAGE GROVE ROAD HARTFORD, CT 06152		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BELL, MICHAEL W 1650 MARKET ST PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Mark P. Marsters Two Liberty Place Philadelphia, PA 19192-119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M PASTORE, WILLIAM M 900 COTTAGE GROVE ROAD HARTFORD, CT 06152	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Peter J. Vogt Two Liberty Place Philadelphia, PA 19192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M REISENWITZ, ERIC M TWO LIBERTY PLACE, 1601 CHESTNUT STREET PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jay M. Menario Two Chestnut Street Philadelphia, PA 19192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REISENWITZ, ERIC M TWO LIBERTY PL PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP John P. Frey Two Liberty Place Philadelphia, PA 19192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT MCHALE, BARRY R TWO LIBERTY PL PHILADELPHIA, PA 19192	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DACOSTA, JEFFREY W 401 WHITE HORSE ROAD VOORHEES, NJ 08043	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u>Irene P. Gentile</u> Assistant Secretary (800) 226-6597					
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT
Corporate Profile System
Officer Business Address List

As of -03/10/2005

40043098

#F98000005841

CIGNA INTEGRATEDCARE, INC.

Name & Title	Business Address
PETER J. VOGT CHIEF FINANCIAL OFFICER VICE PRESIDENT	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
MARK P. MARSTERS PRESIDENT	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
JEFFREY W. DACOSTA VICE PRESIDENT	401 WHITE HORSE ROAD VOORHEES NJ 08043-
JOHN P. FREY VICE PRESIDENT ASSISTANT TREASURER	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
BARRY R. MCHALE VICE PRESIDENT TREASURER	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
GEORGE J. MCNAMARA VICE PRESIDENT	1601 CHESTNUT STREET PHILADELPHIA PA 19192
JAY M. MENARIO VICE PRESIDENT	1601 CHESTNUT STREET PHILADELPHIA PA 19192
DAVID M. PORCELLO VICE PRESIDENT ASSISTANT TREASURER	900 COTTAGE GROVE ROAD S258 HARTFORD CT 06152

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CIGNA INTEGRATEDCARE, INC.

Name & Title	Business Address
SAM J. ARDENTI	TWO LIBERTY PLACE 1601 CHESTNUT STREET PHILADELPHIA PA 19192
ASSISTANT VICE PRESIDENT	
ERIC JOHN HAMILTON	1601 CHESTNUT STREET PHILADELPHIA PA 19192
ASSISTANT VICE PRESIDENT	
DENISE RAMANAUSKAS	1601 CHESTNUT STREET PHILADELPHIA PA 19192
ASSISTANT VICE PRESIDENT	
ROBERT J. UPTON	1601 CHESTNUT STREET PHILADELPHIA PA 19192-2211
COUNSEL ASSISTANT SECRETARY	
SUSAN L. COOPER	900 COTTAGE GROVE ROAD S-201 HARTFORD CT 06152-2201
SECRETARY	
MATTHEW M. ALLYN	900 COTTAGE GROVE ROAD HARTFORD CT 06152
ASSISTANT SECRETARY	
IRENE P. GENTILE	900 COTTAGE GROVE ROAD HARTFORD CT 06152-2260
ASSISTANT SECRETARY	
PAMELA S. WILLIAMS	900 COTTAGE GROVE ROAD HARTFORD CT 06152
ASSISTANT SECRETARY	

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Officer Business Address List

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CIGNA INTEGRATEDCARE, INC.

Name & Title	Business Address
SCOTT R. LAMBERT	900 COTTAGE GROVE ROAD
ASSISTANT TREASURER	HARTFORD CT 06152
STEVEN J. PLATT	1601 CHESTNUT STREET
ASSISTANT TREASURER	TL46D PHILADELPHIA PA 19192