

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90021 011 ***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**

50009466



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03222006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

23-2924152

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**P
MARSTERS, MARK P
TWO LIBERTY PLACE
PHILADELPHIA, PA 19192** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
VOGT, PETER J
2 LIBERTY PL
PHILADELPHIA, PA 19192** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Debra C. Christie
1601 Chestnut Street
Philadelphia, PA 19102** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
MENARIO, JAY M
1601 CHESTNUT ST
PHILADELPHIA, PA 19192** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
FREY, JOHN P
TWO LIBERTY PL
PHILADELPHIA, PA 19192** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAT
MCHALE, BARRY R
TWO LIBERTY PL
PHILADELPHIA, PA 19192** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAT
Scott R. Lambert
900 Cottage Grove Road
Hartford, CT 06152** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DACOSTA, JEFFREY W
401 WHITE HORSE ROAD
VOORHEES, NJ 08043** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
IRENE P. Gentile
900 Cottage Grove Road
Hartford, CT 06152** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/06