

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 13 AM 11:35

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 - No P.O. Box #

3. Mailing Address
1601 Chestnut Street
Suite, Apt. #, etc.
TL162



05162008 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Philadelphia, PA

4. FEI Number
23-2924152

Applied For
Not Applicable

Zip

Country

Zip

Country

19192

USA

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 \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MARSTERS, MARK P
STREET ADDRESS TWO LIBERTY PLACE
CITY-ST-ZIP PHILADELPHIA, PA 19192

TITLE VP ☐ Delete
NAME CHRISTIE, DEBRA C
STREET ADDRESS 1601 CHESTNUT ST
CITY-ST-ZIP PHILADELPHIA, PA 19192

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

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

TITLE VPAT ☐ Delete
NAME LAMBERT, SCOTT R
STREET ADDRESS 900 COTTAGE GROVE RD
CITY-ST-ZIP HARTFORD, CT 06152

TITLE AS ☐ Delete
NAME GENTILE, IRENE P
STREET ADDRESS 900 COTTAGE GROVE RD
CITY-ST-ZIP HARTFORD, CT 06152

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 100131287301
STREET ADDRESS 06/13/08--01036--005 **300.00
CITY-ST-ZIP

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

TITLE Vice President ☐ Change ☒ Addition
NAME David M. Porcello
STREET ADDRESS 900 Cottage Grove Rd
CITY-ST-ZIP Hartford, CT 06152

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

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

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

REINSTATEMENT

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

6/9/08

Daytime Phone #