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May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12555 (9)
1. Corporation Name
CIGNA INDEMNITY INSURANCE COMPANY



Principal Place of Business
2525 "C" STREET, SUITE 400
P.O. BOX 196620
ANCHORAGE AK 99519-6620

Mailing Address
2525 "C" STREET, SUITE 400
P.O. BOX 196620
ANCHORAGE AK 99519-6620

2. Principal Place of Business
21 1601 Chestnut Street
Suite, Apt. #, etc.
22 P.O. Box 7716
City & State
23 Philadelphia, PA
Zip 19192 Country
24 19192 25

2a. Mailing Address
26 1601 Chestnut Street
Suite, Apt. #, etc.
27 P.O. Box 7716
City & State
28 Philadelphia, PA
Zip 19192 Country
29 19192 30

3. Date Incorporated or Qualified 12/16/1986
3a. Date of Last Report 03/28/1996
4. FEI Number 92-0040526
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITAL BUILDING
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, JOHN A. ENN	
STREET ADDRESS	1601 CHESTNUT ST	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MULLIGAN, GEORGE D.	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, BARRY L.	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRANKLIN, RICHARD C.	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BLENDER, MARCY F	
STREET ADDRESS	1601 CHESTNUT STREET	
CITY-ST-ZIP	PHILADELPHIA PA 19192	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRATTEN, RICHARD	
STREET ADDRESS	1601 CHESTNUT ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19192	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Murphy, John A., Jr.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Barry R. McHale	
3.3 STREET ADDRESS	1601 Chestnut Street	
3.4 CITY-ST-ZIP	Philadelphia, PA 19192	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kenneth R. Garrett	
5.3 STREET ADDRESS	1601 Chestnut Street	
5.4 CITY-ST-ZIP	Philadelphia, PA 19192	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barry R. McHale* *Kenneth R. Garrett* 4/21/97 215 761-1231

CR2E034 (9/96)