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FILED  
Feb 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

1601 CHESTNUT ST  
POB 7716  
PHILADELPHIA PA 19192  
US

Mailing Address

1601 CHESTNUT ST  
POB 7716  
PHILADELPHIA PA 19192  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1986

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1601 Chestnut Street

27 Suite, Apt. #, etc.

27 TL21G

28 City & State

28 Philadelphia, PA

29 Zip

29 19192

30 Country

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV  
NAME MURPHY, JOHN A JR  
STREET ADDRESS 1601 CHESTNUT ST  
CITY-ST-ZIP PHILADELPHIA PA

TITLE S  
NAME MULLIGAN, GEORGE D.  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE V  
NAME MCHALE, BARRY R  
STREET ADDRESS 1601 CHESTNUT ST.  
CITY-ST-ZIP PHILADELPHIA PA

TITLE DP  
NAME FRANKLIN, RICHARD C.  
STREET ADDRESS 1601 CHESTNUT ST.  
CITY-ST-ZIP PHILADELPHIA PA 19192

TITLE VT  
NAME GARRET, KENNETH R  
STREET ADDRESS 1601 CHESTNUT STREET  
CITY-ST-ZIP PHILADELPHIA PA

TITLE D  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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.

(215) 761-2907

CR2E034 (10/97)