

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P12555

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  
TL21G  
PHILADELPHIA PA 19192  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITAL BUILDING  
TALLAHASSEE FL 32301

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
George D. Mulligan, Corporate Secretary

4-18-99

Date

215-761-2907

Daytime Phone #

CR2E034 (11/98)

0545061

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90228 023 \*\*\*150.00

