

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002814

Entity Name: CIGNA HEALTH AND LIFE INSURANCE COMPANY**Current Principal Place of Business:**900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002**Current Mailing Address:**900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002 US**FEI Number:** 59-1031071**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BUCKLEY, TIMOTHY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR, CFO
Name ROTTKAMP, JOHN
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name SNOW, CHRISTOPHER
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name AUSTIN, KAREN
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name LABONTE, TRACY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title DIRECTOR
Name RUSSELL, DAVID
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name ABATE, ANTHONY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name BARNES, GREGORY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT LAMBERT**TREASURER****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP
Name	BARNETT, PETER
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	BLAKESLEE, ERIC
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	BRISSETT, STEPHEN
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	CETTI, WILLIAM
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	CROOKE, STEVEN
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	DILL, KELLY
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	ERICKSON, KIRK
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	FITZPATRICK, JAMES
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	FUNDERBURK, KIMBERLY
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	HART, JOANNE
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	HOLGERSON, BRYAN

Title	VP
Name	BERARDO, JEFF
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	BOWE, CHRISTOPHER
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	CASTELLVI, CHRISTINE
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	CHUCHRO, PETER
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	CULP, GARY
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	DILLON, TERRENCE
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	EVELYN, BONNIE
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	FLEMING, MARK
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	GRAY, RICHARD
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	HINMAN, LINDY
Address	900 COTTAGE GROVE ROAD
City-State-Zip:	BLOOMFIELD CT 06002
Title	VP
Name	HOLZLI, TIMOTHY
Address	900 COTTAGE GROVE ROAD

Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name HOPKINS, LORI
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name JEFFREYS, MARC
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name JORDAL, KRISTIN
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name KENYON, MATTHEW
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name KOBUS, DAVID
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name KRUPP, TARA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name LEWIS, EDWARD
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name MARTINEZ, ERIC
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name MIRABELLA, MORRIS
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name OCHAL, MARK
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name II, MATTHEW TOTTERDALE
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name JOHNSON, ROBERT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name JOSEPHS, M.D., SCOTT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name KHAN M.D., M.M., ASLAM
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name KOCHER, RYAN
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name LAMBERT, SCOTT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name LIPSON, GREG
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name MAZLISH, LEONARD
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name NEMECEK, DOUGLAS
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title VP
Name O'NEIL, KATHLEEN
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title SECRETARY
Name MORROW, ALICIA

Title CHIEF MEDICAL OFFICER
Name JOSEPHS, M.D., SCOTT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title TREASURER
Name LAMBERT, SCOTT
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. SECRETARY
Name WEGRZYNIAK, HEATHER
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. SECRETARY
Name TULLOCH, KIMBERLY
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. TREASURER
Name HART, JOANNE
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. SECRETARY
Name WILLIAMS, ROSINA
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. SECRETARY
Name UNNERSTALL, CHRISTOPHER
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. TREASURER
Name WARFORD, ELIZABETH
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002

Title ASST. TREASURER
Name FLEMING, MARK
Address 900 COTTAGE GROVE ROAD
City-State-Zip: BLOOMFIELD CT 06002