No. <b>C 185588</b>		Due no later than Dec 31, 2014 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX)     C T CORPORATION SYSTEM			
Return to:				AND AND THE PROPERTY AND ADDRESS OF THE PARTY				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CIGNA HEALTH MANAGEMENT, INC. 1601 CHESTNUT STREET PHILADELPHIA PA 19192		BOISE 8370	921 S ORCHARD ST STE G BOISE 83705  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registere	a Agent Si	gnature:*		
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT DIRECTOR TREASURER PRESIDENT SECRETARY	SCOTT R. I ALAN MARK SCOTT R. I ALAN MARK ANNA KRISH	MUNEY AMBERT MUNEY	1601 CHESTNUT STREET 1601 CHESTNUT STREET 1601 CHESTNUT STREET 1601 CHESTNUT STREET 1601 CHESTNUT STREET	PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA PHILADELPHIA	PA PA PA PA PA	USA USA USA USA USA	19192 19192 19192 19192 19192	
5. Organized Under the Laws of:  DE C 185588		6. Annual Report must be signed.* Signature: Traci Houck Name (type or print): Traci Houck			Date: 10/2 Title: POA	market to both to		
Processed 10/28/2014		* Electronically provided signatures are accepted as original signatures.						