

No. <b>C 185588</b>		<b>Due no later than Dec 31, 2016</b>		<b>2. Registered Agent and Address (NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> CIGNA HEALTH MANAGEMENT, INC. 1601 CHESTNUT STREET TWO LIBERTY PLACE PHILADELPHIA PA 19192 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
VICE PRESIDENT	SCOTT LAMBERT	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
DIRECTOR	MICHAEL CROMPTON	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
SECRETARY	ANNA KRISHTUL	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
TREASURER	SCOTT LAMBERT	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
DIRECTOR	ALAN MUNY	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
PRESIDENT	ALAN MUNY	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE C 185588</b>		Signature: Traci Houck		Date: 11/09/2016			
		Name (type or print): Traci Houck		Title: POA			
Processed 11/09/2016		* Electronically provided signatures are accepted as original signatures.					