

No. C 157022		Due no later than Oct 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CIGNA HEALTHCARE, 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	
DIRECTOR	DAVID RUSSELL	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
TREASURER	SCOTT LAMBERT	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
PRESIDENT	CHRISTOPHER HOCEVAR	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
SECRETARY	ANNA KRISHTUL	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
DIRECTOR	CHRISTOPHER HOCEVAR	1601 CHESTNUT STREET TWO LIBERTY PLACE	PHILADELPHIA	PA	USA	19192	
5. Organized Under the Laws of: VT C 157022		6. Annual Report must be signed.* Signature: Traci Houck Name (type or print): Traci Houck Date: 10/26/2015 Title: POA					
Processed 10/26/2015		* Electronically provided signatures are accepted as original signatures.					