

No. <b>C 157022</b>		<b>Due no later than Oct 31, 2009</b>		2. Registered Agent and Address <b>(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 HEALTHCARE, INC. 116 RIVER ROAD BEDFORD VT 05401 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA		
				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
PRESIDENT	CHRISTOPHER J. HOCEVAR	116 RIVER ROAD	BEDFORD	VT	USA	05401
SECRETARY	SHERMONA MAPP	116 RIVER ROAD	BEDFORD	VT	USA	05401
TREASURER	BARRY R. MCHALE	116 RIVER ROAD	BEDFORD	VT	USA	05401
DIRECTOR	MARTIN ROSENBAUM	116 RIVER ROAD	BEDFORD	VT	USA	05401
DIRECTOR	JEFFREY MARTIN WEINMAN	116 RIVER ROAD	BEDFORD	VT	USA	05401
DIRECTOR	MARTIN ROSENBAUM	116 RIVER ROAD	BEDFORD	VT	USA	05401
DIRECTOR	KURT ALLEN WEIMER	116 RIVER ROAD	BEDFORD	VT	USA	05401
DIRECTOR	ROBERT J. HUGHES, SR.	116 RIVER ROAD	BEDFORD	VT	USA	05401
5. Organized Under the Laws of:  <b>VT C 157022</b>		6. Annual Report must be signed.* Signature: Laura Louis Name (type or print): Laura Louis Date: 08/31/2009 Title: Power of Attorney				
Processed 08/31/2009		* Electronically provided signatures are accepted as original signatures.				