

1.) CORPORATION NAME: <b>CIGNA HEALTH MANAGEMENT, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>4/30/2016</b>  SCC ID NO: <b>F0332603</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>					

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 1601 CHESTNUT STREET TWO LIBERTY PLACE  CITY/ST/ZIP: PHILADELPHIA, PA 19192
--

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ALAN MARK MUNNEY TITLE: PRESIDENT ADDRESS: 1601 CHESTNUT STREET CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: MARK P FLEMING TITLE: VP/ASST TREAS ADDRESS: 1601 CHESTNUT STREET CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: SCOTT R. LAMBERT TITLE: VP/TREASURER ADDRESS: 1601 CHESTNUT STREET CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: MICHAEL T CROMPTON TITLE: CFO ADDRESS: 1601 CHESTNUT STREET CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	---	--

NAME: ANNA KRISHTUL TITLE: SECRETARY ADDRESS: 1601 CHESTNUT ST. CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANNA KRISHTUL	ANNA KRISHTUL, SECRETARY	5/16/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.