

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

CIGNA Health and Life Insurance Company

SCC ID NO: **F0375180**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 900 COTTAGE GROVE ROAD

CITY/ST/ZIP: HARTFORD, CT 06152-

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: MATTHEW G MANDERS
TITLE: PRESIDENT
ADDRESS: 900 COTTAGE GROVE ROAD
CITY/ST/ZIP/CO: HARTFORD, CT 06152-

OFFICER

DIRECTOR

NAME: SHERMONA MAPP
TITLE: SECRETARY
ADDRESS: 900 COTTAGE GROVE ROAD
CITY/ST/ZIP/CO: HARTFORD, CT 06152-

OFFICER

DIRECTOR

NAME: BARRY R MCHALE
TITLE: TREASURER
ADDRESS: 900 COTTAGE GROVE ROAD
CITY/ST/ZIP/CO: HARTFORD, CT 06152-

OFFICER

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/ SHERMONA MAPP

SHERMONA MAPP, SECRETARY

10/19/2011

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.