

1.) CORPORATION NAME:

CIGNA HEALTHCARE, INC.

DUE DATE: **3/31/2012**

SCC ID NO: **F1739368**

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	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1601 CHESTNUT STREET

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: CHRISTOPHER J. HOCEVAR
TITLE: PRESIDENT
ADDRESS: 1601 CHESTNUT STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192-

OFFICER

DIRECTOR

NAME: BARRY R. MCHALE
TITLE: TREASURER/VP
ADDRESS: 1601 CHESTNUT STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192-

OFFICER

DIRECTOR

NAME: SHERMONA MAPP
TITLE: SECRETARY
ADDRESS: 1601 CHESTNUT STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192-

OFFICER

DIRECTOR

NAME: KURT ALLEN WEIMER
TITLE: COB
ADDRESS: 1601 CHESTNUT STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192-

OFFICER

DIRECTOR

NAME: JEFFREY MARTIN WEINMAN
TITLE: DIRECTOR
ADDRESS: 1601 CHESTNUT STREET
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19192-

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.

<u>/s/ SHERMONA MAPP</u>	<u>SHERMONA MAPP, SECRETARY</u>	<u>1/23/2012</u>
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.