

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

CIGNA Corporation Political Action Committee

ADDRESS (number and street)

Two Liberty Place

(Check if address is changed)

1601 Chestnut St-TL16B

Philadelphia

PA

19192

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cignapac@cigna.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

04 / 15 / 2008

3. FEC IDENTIFICATION NUMBER

C C00085316

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Mordecai Schwartz

Signature of Treasurer

Electronically Filed by Mordecai Schwartz

Date

04 / 15 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State
 District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

CIGNA Corporation

Mailing Address **Two Liberty Place**
1601 Chestnut St-TL16B
Philadelphia PA 19192
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

CIGNA Corporation Political Action Committee

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **G. William Hoagland**

Mailing Address **601 Pennsylvania Ave NW**
Suite 500, South Building
Washington DC 20004

Title or Position ▼ **VP, Public Policy** CITY ▲ STATE ▲ ZIP CODE ▲
202 778 8451

Telephone number

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Mordecai Schwartz**

Mailing Address **Two Liberty Place**
1601 Chestnut St
Philadelphia PA 19192

Title or Position ▼ **VP & Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
215 761 6222

Telephone number

Full Name of Designated Agent **Mari Newman**

Mailing Address **Two Liberty Place**
1601 Chestnut St-TL16B
Philadelphia PA 19192

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
215 761 6035

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC Bank (Checking)

Mailing Address

PO Box 40000

Hartford

CT

06151

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲