

# FEC FORM 1

# STATEMENT OF ORGANIZATION

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) 900 Cottage Grove Road, B6LPA

(Check if address is changed)

Hartford CT 06152  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

Cathie.Barra@Cigna.com

Optional Second E-Mail Address  
pacservices@ddcadvocacy.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 02 / 01 / 2013

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 Katharine L. Wade

Signature of Treasurer Katharine L. Wade [Electronically Filed] Date 02 / 01 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.