

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CIGNA Corporation Political Action Committee

ADDRESS (number and street) Two Liberty Place
1601 Chestnut St-TL16B
 Check if different than previously reported. (ACC)
Philadelphia PA 19192

2. **FEC IDENTIFICATION NUMBER** C00085316
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 2009

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

Type or Print Name of Treasurer Thomas McCarthy

Signature of Treasurer Electronically Filed by Thomas McCarthy Date 04 16 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CIGNA Corporation Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		23497.58
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	29210.77									
(c) Total Receipts (from Line 19)	15961.05	47674.24								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45171.82	71171.82								
7. Total Disbursements (from Line 31)	19520.00	45520.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25651.82	25651.82								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
CIGNA Corporation Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4368.57	8897.84
(i) Itemized (use Schedule A)		
(ii) Unitemized	11592.48	38776.40
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15961.05	47674.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15961.05	47674.24
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15961.05	47674.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15961.05	47674.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	2500.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	2500.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	19500.00	43000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	20.00	20.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	20.00	20.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19520.00	45520.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19520.00	45520.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15961.05	47674.24
34. Total Contribution Refunds (from Line 28(d))	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15941.05	47654.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	2500.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	2500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.	Full Name (Last, First, Middle Initial) James Austin	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 394 W Remington Dr	Transaction ID: 20090304-6930-13-2
	City Chandler State AZ Zip Code 85248	Amount of Each Receipt this Period 58.60
	FEC ID number of contributing federal political committee. C	
	Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation General Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.29	

B.	Full Name (Last, First, Middle Initial) James Austin	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 394 W Remington Dr	Transaction ID: 20090319-6906-12-10
	City Chandler State AZ Zip Code 85248	Amount of Each Receipt this Period 50.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation General Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.29	

C.	Full Name (Last, First, Middle Initial) W. Barksdale	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 2632 Lovejoy Cir	Transaction ID: 20090304-15713-13-2
	City Duluth State GA Zip Code 30097	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer CHC Contracting and Network De Occupation Provider Contracting Senior Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00	

SUBTOTAL of Receipts This Page (optional)	194.46
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.	Full Name (Last, First, Middle Initial) W. Barksdale	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 2632 Lovejoy Cir	Transaction ID: 20090319-15647-12-10
	City State Zip Code Duluth GA 30097	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CHC Contracting and Network De	Occupation Provider Contracting Senior Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

B.	Full Name (Last, First, Middle Initial) Ellen C. Bonner	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1403 Greenwood Avenue	Transaction ID: 20090304-18235-13-2
	City State Zip Code Nashville TN 37206	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer L&PA Technology & Business Law	Occupation Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Ellen C. Bonner	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 1403 Greenwood Avenue	Transaction ID: 20090319-18147-12-10
	City State Zip Code Nashville TN 37206	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer L&PA Technology & Business Law	Occupation Senior Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	185.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Brett C. Browchuk

Mailing Address 385 Deercliff Road

City Avon State CT Zip Code 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer CIGNA Corporation Occupation Svp Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: 20090304-18150-13-2
 Amount of Each Receipt this Period: 85.00

B.

Full Name (Last, First, Middle Initial)
Brett C. Browchuk

Mailing Address 385 Deercliff Road

City Avon State CT Zip Code 06001

FEC ID number of contributing federal political committee. **C**

Name of Employer CIGNA Corporation Occupation Svp Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 03 / 19 / 2009
Transaction ID: 20090319-18063-12-10
 Amount of Each Receipt this Period: 85.00

C.

Full Name (Last, First, Middle Initial)
Robert F. Clark

Mailing Address 2 Reed Hill Rd

City Granby State CT Zip Code 06035

FEC ID number of contributing federal political committee. **C**

Name of Employer CIGNA CORPORATION Occupation Vice President Coli

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: 20090304-459-13-2
 Amount of Each Receipt this Period: 90.00

SUBTOTAL of Receipts This Page (optional) ► 260.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Robert F. Clark

Mailing Address 2 Reed Hill Rd

City State Zip Code
Granby CT 06035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIGNA CORPORATION Vice President Coli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-458-12-10

Amount of Each Receipt this Period
90.00

B.

Full Name (Last, First, Middle Initial)
David M. Cordani

Mailing Address 32 Lucy Way

City State Zip Code
Simsbury CT 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO President & Chief Oper Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-562-13-2

Amount of Each Receipt this Period
120.00

C.

Full Name (Last, First, Middle Initial)
David M. Cordani

Mailing Address 32 Lucy Way

City State Zip Code
Simsbury CT 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO President & Chief Oper Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-561-12-10

Amount of Each Receipt this Period
120.00

SUBTOTAL of Receipts This Page (optional) ▶ **330.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Marcia A. Dall

Mailing Address 33 Old Stone Crossing

City State Zip Code
West Hartford CT 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIGNA CORPORATION Svp Bfo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-20895-13-2

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Marcia A. Dall

Mailing Address 33 Old Stone Crossing

City State Zip Code
West Hartford CT 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIGNA CORPORATION Svp Bfo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-20783-12-10

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
Richard H. Forde

Mailing Address 5 Brighton Ln

City State Zip Code
Simsbury CT 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Svp Chief Investment Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-1073-13-2

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► **260.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)
Richard H. Forde

Mailing Address 5 Brighton Ln

City State Zip Code
Simsbury CT 06070

FEC ID number of contributing federal political committee. **C**

Name of Employer
CT GENERAL LIFE INSURANCE CO
Occupation
Svp Chief Investment Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-1071-12-10

Amount of Each Receipt this Period
90.00

B. Full Name (Last, First, Middle Initial)
David J. Giannoni

Mailing Address 2030 James Farm Rd

City State Zip Code
Stratford CT 06614

FEC ID number of contributing federal political committee. **C**

Name of Employer
CT GENERAL LIFE INSURANCE CO
Occupation
Senior Account Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.74

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-4989-12-10

Amount of Each Receipt this Period
203.51

C. Full Name (Last, First, Middle Initial)
Craig J. Guiffre

Mailing Address 17 Pheasant Lane

City State Zip Code
Scotch Plains NJ 07076

FEC ID number of contributing federal political committee. **C**

Name of Employer
CGI CGI Executive Staff
Occupation
Vice President Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
540.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-18432-13-2

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► **383.51**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.	Full Name (Last, First, Middle Initial) Craig J. Guiffre	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 17 Pheasant Lane	Transaction ID: 20090319-18342-12-10
	City State Zip Code Scotch Plains NJ 07076	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CGI CGI Executive Staff Vice President Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

B.	Full Name (Last, First, Middle Initial) H. Hanway	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1005 Bent Rd	Transaction ID: 20090304-3584-13-2
	City State Zip Code Media PA 19063	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA CORPORATION Chairman and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

C.	Full Name (Last, First, Middle Initial) H. Hanway	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 1005 Bent Rd	Transaction ID: 20090319-3570-12-10
	City State Zip Code Media PA 19063	Amount of Each Receipt this Period 192.30
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA CORPORATION Chairman and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80	

SUBTOTAL of Receipts This Page (optional)	▶	474.60
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
G. Hoagland

Mailing Address 10012 Rough Run Court

City State Zip Code
Fairfax VA 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer L&PA CIGNA-General Counsel Occupation Vice President Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-18091-13-2

Amount of Each Receipt this Period
70.00

B.

Full Name (Last, First, Middle Initial)
G. Hoagland

Mailing Address 10012 Rough Run Court

City State Zip Code
Fairfax VA 22039

FEC ID number of contributing federal political committee. **C**

Name of Employer L&PA CIGNA-General Counsel Occupation Vice President Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-18004-12-10

Amount of Each Receipt this Period
70.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey L. Kang

Mailing Address 50 Stoneham Dr

City State Zip Code
West Hartford CT 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Vice President Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-12140-13-2

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 240.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jeffrey L. Kang	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 50 Stoneham Dr	Transaction ID: 20090319-12094-12-10
	City State Zip Code West Hartford CT 06117	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Vice President Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Benjamin W. Katz	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 3603a Happy Valley Rd	Transaction ID: 20090304-8599-13-2
	City State Zip Code Lafayette CA 94549	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA HEALTHCARE OF CA, INC. Provider Contracting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Benjamin W. Katz	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 3603a Happy Valley Rd	Transaction ID: 20090319-8568-12-10
	City State Zip Code Lafayette CA 94549	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation CIGNA HEALTHCARE OF CA, INC. Provider Contracting Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.	Full Name (Last, First, Middle Initial) Mark P. Marsters	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 13 Devonshire Ln	Transaction ID: 20090304-13285-13-2
	City Malvern State PA Zip Code 19355	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Vice President Service Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Mark P. Marsters	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 13 Devonshire Ln	Transaction ID: 20090319-13234-12-10
	City Malvern State PA Zip Code 19355	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer LIFE INS. CO. OF NORTH AMERICA	Occupation Vice President Service Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) John M. Murabito	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 105 Mill View Ln	Transaction ID: 20090304-13685-13-2
	City Newtown Square State PA Zip Code 19073	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer CIGNA CORPORATION	Occupation E.V.P. Human Resources & Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John M. Murabito

Mailing Address 105 Mill View Ln

City State Zip Code
Newtown Square PA 19073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIGNA CORPORATION E.V.P. Human Resources & Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-13634-12-10

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
John Oates

Mailing Address 2101 Sea Eagle View

City State Zip Code
Austin TX 78738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIGNA CORPORATION Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.90

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-17314-13-2

Amount of Each Receipt this Period
46.15

C.

Full Name (Last, First, Middle Initial)
John Oates

Mailing Address 2101 Sea Eagle View

City State Zip Code
Austin TX 78738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIGNA CORPORATION Government Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
276.90

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-17236-12-10

Amount of Each Receipt this Period
46.15

SUBTOTAL of Receipts This Page (optional)	▶	192.30
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)
Charlene Parsons
 Mailing Address 1179 Colts Ln
 City Yardley State PA Zip Code 19067
 Date of Receipt 03 / 05 / 2009
Transaction ID: 20090304-14215-13-2
 Amount of Each Receipt this Period 90.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIGNA CORPORATION Occupation Vice President Talent Optimization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

B. Full Name (Last, First, Middle Initial)
Charlene Parsons
 Mailing Address 1179 Colts Ln
 City Yardley State PA Zip Code 19067
 Date of Receipt 03 / 19 / 2009
Transaction ID: 20090319-14157-12-10
 Amount of Each Receipt this Period 90.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CIGNA CORPORATION Occupation Vice President Talent Optimization
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

C. Full Name (Last, First, Middle Initial)
Mark A. Parsons
 Mailing Address 4 Thistle Hollow
 City Avon State CT Zip Code 06001
 Date of Receipt 03 / 19 / 2009
Transaction ID: 20090319-548-12-10
 Amount of Each Receipt this Period 40.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Svp Reinsurance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

SUBTOTAL of Receipts This Page (optional) ► 220.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial)
Carol Petren
 Mailing Address 210 W. Washington Square, #10S
 City Philadelphia State PA Zip Code 19106-3581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ADM CEO Staff Occupation E.V.P. Genl Counsel & Pub Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00
 Date of Receipt 03 / 05 / 2009
Transaction ID: 20090304-16785-13-2
 Amount of Each Receipt this Period 192.00

B. Full Name (Last, First, Middle Initial)
Carol Petren
 Mailing Address 210 W. Washington Square, #10S
 City Philadelphia State PA Zip Code 19106-3581
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ADM CEO Staff Occupation E.V.P. Genl Counsel & Pub Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1152.00
 Date of Receipt 03 / 19 / 2009
Transaction ID: 20090319-16713-12-10
 Amount of Each Receipt this Period 192.00

C. Full Name (Last, First, Middle Initial)
Karen S. Rohan
 Mailing Address PO Box 1849
 City North Falmouth State MA Zip Code 02556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CT GENERAL LIFE INSURANCE CO Occupation President Grp Dental Vis & Pharm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 03 / 05 / 2009
Transaction ID: 20090304-168-13-2
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 434.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Karen S. Rohan

Mailing Address PO Box 1849

City State Zip Code
North Falmouth MA 02556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO President Grp Dental Vis & Pharm

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-167-12-10

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Michael J. Ross

Mailing Address 147 Old Gulph Rd

City State Zip Code
Wynnewood PA 19096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Vice President Marketing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 576.00

Date of Receipt
MM / DD / YYYY
03 / 05 / 2009

Transaction ID: 20090304-12359-13-2

Amount of Each Receipt this Period
96.00

C.

Full Name (Last, First, Middle Initial)
Michael J. Ross

Mailing Address 147 Old Gulph Rd

City State Zip Code
Wynnewood PA 19096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Vice President Marketing

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 576.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2009

Transaction ID: 20090319-12312-12-10

Amount of Each Receipt this Period
96.00

SUBTOTAL of Receipts This Page (optional) ▶ **242.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 29
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Frank Sataline

Mailing Address 18 Wyndham Ln

City Farmington State CT Zip Code 06032

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Vice President Senior Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 20090304-550-13-2

Amount of Each Receipt this Period 85.00

B.

Full Name (Last, First, Middle Initial)
Frank Sataline

Mailing Address 18 Wyndham Ln

City Farmington State CT Zip Code 06032

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Vice President Senior Managing Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 20090319-549-12-10

Amount of Each Receipt this Period 85.00

C.

Full Name (Last, First, Middle Initial)
William J. Smith

Mailing Address 269 Sunnybrook Rd

City Springfield State PA Zip Code 19064

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Vice President Bfo

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 20090304-9408-13-2

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **220.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 29
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
William J. Smith

Mailing Address 269 Sunnybrook Rd

City Springfield State PA Zip Code 19064

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Vice President Bfo

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 20090319-9372-12-10

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Otha Thomas Spriggs

Mailing Address 235 Ansley Close

City Roswell State GA Zip Code 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation Vice President Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 20090304-11028-13-2

Amount of Each Receipt this Period 85.00

C.

Full Name (Last, First, Middle Initial)
Jennifer Stepp

Mailing Address 4144 Central Ave

City Indianapolis State IN Zip Code 46205

FEC ID number of contributing federal political committee. **C**

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Senior Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.93

Date of Receipt 03 / 19 / 2009

Transaction ID: 20090319-5079-12-10

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ▶ 220.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.	Full Name (Last, First, Middle Initial) Andrew Sullivan		Date of Receipt
	Mailing Address 720 Bristol Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2009
	City	State	Zip Code
	Wilmington	DE	19803
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090304-11613-13-2
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Rvp Segment Lead	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 40.00

B.	Full Name (Last, First, Middle Initial) Andrew Sullivan		Date of Receipt
	Mailing Address 720 Bristol Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2009
	City	State	Zip Code
	Wilmington	DE	19803
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090319-11570-12-10
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Rvp Segment Lead	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00	<input type="text"/> 40.00

C.	Full Name (Last, First, Middle Initial) Scott D. Watson		Date of Receipt
	Mailing Address 1813 Shadywood Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2009
	City	State	Zip Code
	Chesterfield	MO	63017
	FEC ID number of contributing federal political committee. C		Transaction ID: 20090304-5534-13-2
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Senior Account Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 551.52	<input type="text"/> 16.35

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 96.35
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 29	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial) Scott D. Watson		Date of Receipt	
Mailing Address 1813 Shadywood Ct		M M / D D / Y Y Y Y 03 / 19 / 2009	
City	State	Zip Code	Transaction ID: 20090319-5515-12-10
Chesterfield	MO	63017	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		16.35	
Name of Employer LIFE INS. CO. OF NORTH AMERICA		Occupation Senior Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 551.52	

SUBTOTAL of Receipts This Page (optional)	▶	16.35
TOTAL This Period (last page this line number only)	▶	4368.57

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial) Carper for Senate <hr/> Mailing Address 19 East Commons Blvd Second Floor <hr/> City New Castle State DE Zip Code 19720 <hr/> Purpose of Disbursement 2012 Primary Candidate Name Thomas R. Carper <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:	Transaction ID: 616e1f23f168ee90517 Date of Disbursement 03 / 11 / 2009
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address Post Office Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 01	Transaction ID: 5c5871f50a0443b4dd9 Date of Disbursement 03 / 18 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Evan Bayh Committee <hr/> Mailing Address 850 Fort Wayne Avenue <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Evan Bayh <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District:	Transaction ID: 6dc220d9edc3096e214 Date of Disbursement 03 / 13 / 2009
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A. Full Name (Last, First, Middle Initial) Friends of Chris Dodd <hr/> Mailing Address PO Box 270701 <hr/> City West Hartford State CT Zip Code 06127 <hr/> Purpose of Disbursement 2010 General Candidate Name Christopher J. Dodd <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9c191204df9dbe43e06 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of John Thune <hr/> Mailing Address 200 North Phillips Avenue Ste L101 <hr/> City Sioux Falls State SD Zip Code 57104 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John R. Thune <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: a80a0a4f4dbc6bb4e98 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Hoosiers for Hill <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Baron P. Hill <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 119fa7c2e78778f5c95 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 5 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7089b599dfc5f6a7846</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: b10baac1d2563613bc6</p> <p>Date of Disbursement 03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Richard Burr Committee</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3ab103da4d622e8b105</p> <p>Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Sestak for Congress

Mailing Address PO Box 16

City Media State PA Zip Code 19063

Purpose of Disbursement
2010 Primary

Candidate Name
Joseph A. Sestak, Jr.

Office Sought: House
 Senate
 President

State: PA District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: af991d6842a762944ae

Date of Disbursement

03 / 11 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

19500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CIGNA Corporation Political Action Committee

A.

Full Name (Last, First, Middle Initial)
John A. Shaw

Mailing Address 18 Powder Horn Drive

City State Zip Code
Simsbury CT 06070-1712

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: a667b7bf320ea4f9ab3
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Image# 29933563464

Form/Schedule: **F3X**

Transaction ID:
