

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) 174 Waterfront Street
Suite 500
 Check if different than previously reported. (ACC)
National Harbor MD 20745

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 (12S)
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 08 01 2010 through 08 31 2010

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 G. William Hoagland

Signature of Treasurer Electronically Filed by G. William Hoagland Date 09 17 2010

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 | 8 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 8 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 45271.27 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 26772.22 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 13401.43 | 121252.38 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 40173.65 | 166523.65 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 17180.00 | 143530.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 22993.65 | 22993.65 | | | | | | | | |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
CIGNA Corporation Political Action Committee

Report Covering the Period: From: To:

| 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 | | |
| (i) Itemized (use Schedule A) | 7349.69 | 41798.66 |
| (ii) Unitemized | 6051.74 | 77453.72 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 13401.43 | 119252.38 |
| (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) | 13401.43 | 119252.38 |
| 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 | 2000.00 |
| 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)) | 13401.43 | 121252.38 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 13401.43 | 121252.38 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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 | 9700.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 9700.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 13900.00 | 121250.00 |
| 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 | 0.00 | 50.00 |
| (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)) | 0.00 | 50.00 |
| 29. Other Disbursements..... | 3280.00 | 12530.00 |
| 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)).. | 17180.00 | 143530.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17180.00 | 143530.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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) | 13401.43 | 119252.38 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 50.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 13401.43 | 119202.38 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 9700.00 |
| 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 | 9700.00 |

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 / 92 |
| | <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) Michael B. Alexander | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 128 East 15th Street | Transaction ID: 20100802-14300-21-40 |
| | City State Zip Code Ship Bottom NJ 08008 | Amount of Each Receipt this Period 26.93 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CBH Provider Oversight Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.81 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Michael B. Alexander | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 128 East 15th Street | Transaction ID: 20100817-14262-11-51 |
| | City State Zip Code Ship Bottom NJ 08008 | Amount of Each Receipt this Period 26.93 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CBH Provider Oversight Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.81 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Ann H. Asbaty | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 3 Huntington Dr | Transaction ID: 20100802-363-21-40 |
| | City State Zip Code Randolph NJ 07869 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CT GENERAL LIFE INSURANCE CO General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 73.11 |
| 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 / 92 |
| | <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) Ann H. Asbaty | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 3 Huntington Dr | Transaction ID: 20100817-362-11-51 |
| | City State Zip Code Randolph NJ 07869 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) William L. Atwell | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 50 South 16 Street---Apt 4008 | Transaction ID: 20100802-11535-21-40 |
| | City State Zip Code Philadelphia PA 19102 | Amount of Each Receipt this Period 192.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation President International | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3264.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) William L. Atwell | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 50 South 16 Street---Apt 4008 | Transaction ID: 20100817-11515-11-51 |
| | City State Zip Code Philadelphia PA 19102 | Amount of Each Receipt this Period 192.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation President International | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 3264.00 | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 403.25 |
| 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 / 92
(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)
James Austin

Mailing Address 394 W Remington Dr

City Chandler State AZ Zip Code 85286

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 872.75

Date of Receipt 08 / 05 / 2010
Transaction ID: 20100802-6380-21-40
Amount of Each Receipt this Period 46.22

B.

Full Name (Last, First, Middle Initial)
James Austin

Mailing Address 394 W Remington Dr

City Chandler State AZ Zip Code 85286

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 872.75

Date of Receipt 08 / 19 / 2010
Transaction ID: 20100817-6369-11-51
Amount of Each Receipt this Period 46.22

C.

Full Name (Last, First, Middle Initial)
W. Barksdale

Mailing Address 2632 Lovejoy Cir

City Duluth State GA Zip Code 30097

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

Name of Employer CHC Contracting and Network De
Occupation Provider Contracting Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1190.00

Date of Receipt 08 / 05 / 2010
Transaction ID: 20100802-14382-21-40
Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ► **177.44**

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 9 / 92
(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)
Kim Bimestefer

Mailing Address 11 Colts Run Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-10068-21-40

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Kim Bimestefer

Mailing Address 11 Colts Run Rd

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-10051-11-51

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Paul B. Borgesen

Mailing Address 7022 W Kimberly Way

City State Zip Code
Glendale AZ 85308

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

Name of Employer Occupation
CIGNA HEALTHCARE OF AZ, INC Otolaryngologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.68

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-7158-21-40

Amount of Each Receipt this Period
22.04

SUBTOTAL of Receipts This Page (optional) ► **72.04**

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 10 / 92 |
| | <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) Paul B. Borgesen | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 7022 W Kimberly Way | Transaction ID: 20100817-7146-11-51 |
| | City State Zip Code Glendale AZ 85308 | Amount of Each Receipt this Period 22.04 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA HEALTHCARE OF AZ, INC | Occupation Otolaryngologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 374.68 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Brett C. Browchuk | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 385 Deercliff Road | Transaction ID: 20100802-16361-21-40 |
| | City State Zip Code Avon CT 06001 | Amount of Each Receipt this Period 96.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA Corporation | Occupation SVP Service Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1632.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Brett C. Browchuk | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 385 Deercliff Road | Transaction ID: 20100817-16314-11-51 |
| | City State Zip Code Avon CT 06001 | Amount of Each Receipt this Period 96.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA Corporation | Occupation SVP Service Operations | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1632.00 | |

| | |
|------------------------------------------------------------------|---------------|
| SUBTOTAL of Receipts This Page (optional) | 214.04 |
| 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 / 92 |
| | <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) Zigmund R. Brzezinski | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 15 Olden Dr | | Transaction ID: 20100802-3057-21-40 | | |
| | City Flemington | State NJ | Zip Code 08822 | Amount of Each Receipt this Period 15.60 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Director | Aggregate Year-to-Date 261.29 | | |

| | | | | | |
|-----------|------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Zigmund R. Brzezinski | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 15 Olden Dr | | Transaction ID: 20100817-3052-11-51 | | |
| | City Flemington | State NJ | Zip Code 08822 | Amount of Each Receipt this Period 15.60 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Director | Aggregate Year-to-Date 261.29 | | |

| | | | | | |
|-----------|-----------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) M. Buckley | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 3651 N Leavitt St | | Transaction ID: 20100802-5198-21-40 | | |
| | City Chicago | State IL | Zip Code 60618 | Amount of Each Receipt this Period 19.37 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Account Manager-National Accts | Aggregate Year-to-Date 751.66 | | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 50.57 |
| 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 12 / 92
(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)
M. Buckley

Mailing Address 3651 N Leavitt St

City Chicago State IL Zip Code 60618

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Account Manager-National Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 751.66

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-5189-11-51

Amount of Each Receipt this Period 9.67

B.

Full Name (Last, First, Middle Initial)
Timothy D. Buckley

Mailing Address 611 Shipton Lane

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer CIGNA Internation Occupation VP BFO International

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 493.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-16022-21-40

Amount of Each Receipt this Period 29.00

C.

Full Name (Last, First, Middle Initial)
Timothy D. Buckley

Mailing Address 611 Shipton Lane

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer CIGNA Internation Occupation VP BFO International

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 493.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-15978-11-51

Amount of Each Receipt this Period 29.00

SUBTOTAL of Receipts This Page (optional) ▶ **67.67**

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 13 / 92 |
| | <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) Rudolph C. Cane | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 4619 E White Aster St | Transaction ID: 20100802-3592-21-40 |
| | City State Zip Code Phoenix AZ 85044 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA HEALTHCARE OF AZ, INC | Occupation Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Rudolph C. Cane | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 4619 E White Aster St | Transaction ID: 20100817-3585-11-51 |
| | City State Zip Code Phoenix AZ 85044 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA HEALTHCARE OF AZ, INC | Occupation Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) William C. Carlson | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 70 Waterside Lane | Transaction ID: 20100802-800-21-40 |
| | City State Zip Code West Hartford CT 06107 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Real Estate Sr Managing Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 63.50 |
| 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 14 / 92
(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 C. Carlson | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 70 Waterside Lane | | Transaction ID: 20100817-798-11-51 |
| City West Hartford | State CT | Zip Code 06107 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Real Estate Sr Managing Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Charles R. Catalano | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| Mailing Address 28 William Penn Rd | | Transaction ID: 20100802-1941-21-40 |
| City Warren | State NJ | Zip Code 07059 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 15.00 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Charles R. Catalano | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 28 William Penn Rd | | Transaction ID: 20100817-1940-11-51 |
| City Warren | State NJ | Zip Code 07059 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 15.00 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 55.00 |
| 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 / 92 |
| | <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) Leslie A. Charles | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 8940 Carroll Manor Drive | | Transaction ID: 20100817-20781-11-51 | | |
| | City Atlanta | State GA | Zip Code 30350 | Amount of Each Receipt this Period 12.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA CORPORATION | Occupation Financial Analysis Director | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 204.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Robert F. Clark | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 2 Reed Hill Rd | | Transaction ID: 20100802-429-21-40 | | |
| | City Granby | State CT | Zip Code 06035 | Amount of Each Receipt this Period 90.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA CORPORATION | Occupation VP Coli | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1530.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Robert F. Clark | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 2 Reed Hill Rd | | Transaction ID: 20100817-428-11-51 | | |
| | City Granby | State CT | Zip Code 06035 | Amount of Each Receipt this Period 90.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA CORPORATION | Occupation VP Coli | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1530.00 | | | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 192.00 |
| 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 / 92 |
| | <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) Michael Conrad | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 632 29th Street | Transaction ID: 20100802-2569-21-40 |
| | City State Zip Code Manhattan Beach CA 90266 | Amount of Each Receipt this Period 51.30 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Sales Manager-National Accts | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 243.76 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Michael Conrad | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 632 29th Street | Transaction ID: 20100817-2564-11-51 |
| | City State Zip Code Manhattan Beach CA 90266 | Amount of Each Receipt this Period 9.64 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Sales Manager-National Accts | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 243.76 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Jason G. Cooper | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 313 Camden Branch Dr | Transaction ID: 20100802-23692-21-40 |
| | City State Zip Code Cary NC 27518 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA Corporation | Occupation Clinical Program Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 80.94 |
| 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 / 92
(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)
Jason G. Cooper

Mailing Address 313 Camden Branch Dr

City State Zip Code
Cary NC 27518

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

Name of Employer Occupation
CIGNA Corporation Clinical Program Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
08 / 19 / 2010

Transaction ID: 20100817-23592-11-51

Amount of Each Receipt this Period
20.00

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 and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2635.00

Date of Receipt
08 / 05 / 2010

Transaction ID: 20100802-522-21-40

Amount of Each Receipt this Period
155.00

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 and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2635.00

Date of Receipt
08 / 19 / 2010

Transaction ID: 20100817-521-11-51

Amount of Each Receipt this Period
155.00

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: (check only one) | PAGE 18 / 92 |
| | <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) Henri R. Courmand | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 28150 North Alma School Parkwa | Transaction ID: 20100802-8114-21-40 |
| | City State Zip Code Scottsdale AZ 85262 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Strat And Bus Develop Sr Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Henri R. Courmand | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 28150 North Alma School Parkwa | Transaction ID: 20100817-8102-11-51 |
| | City State Zip Code Scottsdale AZ 85262 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Strat And Bus Develop Sr Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Christopher J. Coxon | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 47 Leigh Gate Road | Transaction ID: 20100802-10578-21-40 |
| | City State Zip Code Glastonbury CT 06033 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA CORPORATION | Occupation Senior Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 60.00 |
| 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 / 92
(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)
Christopher J. Coxon

Mailing Address 47 Leigh Gate Road

City State Zip Code
Glastonbury CT 06033

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

Name of Employer Occupation
CIGNA CORPORATION Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-10560-11-51

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Stephen W. Crawford

Mailing Address 216 B Avenue

City State Zip Code
Coronado CA 92118

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

Name of Employer Occupation
CHC Lifesource Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-15742-21-40

Amount of Each Receipt this Period
19.25

C.

Full Name (Last, First, Middle Initial)
Stephen W. Crawford

Mailing Address 216 B Avenue

City State Zip Code
Coronado CA 92118

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

Name of Employer Occupation
CHC Lifesource Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-15700-11-51

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional) ► **58.50**

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 / 92
(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)
Andrew D. Crooks

Mailing Address 323 Turtle Trl

City State Zip Code
Lake Mary FL 32746

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE RVP Segment Lead
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-9909-21-40

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Andrew D. Crooks

Mailing Address 323 Turtle Trl

City State Zip Code
Lake Mary FL 32746

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE RVP Segment Lead
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-9892-11-51

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Donald M. Curry

Mailing Address 56 Harvard Ln

City State Zip Code
Bedford NH 03110

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE General Manager
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-12001-21-40

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **70.00**

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 / 92
(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)
Donald M. Curry

Mailing Address 56 Harvard Ln

City Bedford State NH Zip Code 03110

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-11979-11-51

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Kristin Damato

Mailing Address 2610 John Marshall Drive North

City Arlington State VA Zip Code 22207

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

Name of Employer CIGNA CORPORATION Occupation Government Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-2808-21-40

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Kristin Damato

Mailing Address 2610 John Marshall Drive North

City Arlington State VA Zip Code 22207

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

Name of Employer CIGNA CORPORATION Occupation Government Affairs Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-2803-11-51

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

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 22 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Johannes M. De Jong

Mailing Address 6122 Mccallum St

City Philadelphia State PA Zip Code 19144

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

Name of Employer CIGNA CORPORATION Occupation VP Chief Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 05 / 2010
Transaction ID: 20100802-257-21-40
Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Johannes M. De Jong

Mailing Address 6122 Mccallum St

City Philadelphia State PA Zip Code 19144

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

Name of Employer CIGNA CORPORATION Occupation VP Chief Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 19 / 2010
Transaction ID: 20100817-256-11-51
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Edwin J. Detrick

Mailing Address 17 Swallow Rd

City Holland State PA Zip Code 18966

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

Name of Employer CIGNA CORPORATION Occupation VP Investor Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 05 / 2010
Transaction ID: 20100802-2913-21-40
Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 70.00

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 23 / 92
(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 |

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)
Edwin J. Detrick

Mailing Address 17 Swallow Rd

City State Zip Code
Holland PA 18966

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

Name of Employer Occupation
CIGNA CORPORATION VP Investor Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-2908-11-51

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Jeannine Doherty

Mailing Address 1901 E Royal Palm Rd

City State Zip Code
Phoenix AZ 85020

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
393.93

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-32-21-40

Amount of Each Receipt this Period
6.31

C.

Full Name (Last, First, Middle Initial)
Jeannine Doherty

Mailing Address 1901 E Royal Palm Rd

City State Zip Code
Phoenix AZ 85020

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
393.93

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-32-11-51

Amount of Each Receipt this Period
6.31

SUBTOTAL of Receipts This Page (optional) ► **32.62**

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 24 / 92
(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)
Scott E. Doyle

Mailing Address 302 Highland Valley Ct.

City State Zip Code
Wylie TX 75098

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Fraud Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-11857-21-40

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Scott E. Doyle

Mailing Address 302 Highland Valley Ct.

City State Zip Code
Wylie TX 75098

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Fraud Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-11836-11-51

Amount of Each Receipt this Period
15.00

C.

Full Name (Last, First, Middle Initial)
Beverly J. Everett

Mailing Address 8228 Academy Rd

City State Zip Code
Ellicott City MD 21043

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

Name of Employer Occupation
INT'L REHAB. ASSOCIATES, INC. Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-117-21-40

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **50.00**

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 25 / 92
(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 |

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) Beverly J. Everett | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 8228 Academy Rd | | Transaction ID: 20100817-116-11-51 |
| City Ellicott City | State Zip Code MD 21043 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer INT'L REHAB. ASSOCIATES, INC. | Occupation Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Kimberly A. Feltovic | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| Mailing Address 905 S 2nd Street | | Transaction ID: 20100802-14427-21-40 |
| City Philadelphia | State Zip Code PA 19147 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 19.25 |
| Name of Employer CHC Sales Effectives Staffing | Occupation Business Project Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.25 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Kimberly A. Feltovic | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 905 S 2nd Street | | Transaction ID: 20100817-14388-11-51 |
| City Philadelphia | State Zip Code PA 19147 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 19.25 |
| Name of Employer CHC Sales Effectives Staffing | Occupation Business Project Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.25 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 58.50 |
| 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 26 / 92 |
| | <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) Staci F. Fernandez | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 15 Dilaj Dr | Transaction ID: 20100802-2147-21-40 |
| | City State Zip Code Columbia CT 06237 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Business Project Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Staci F. Fernandez | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 15 Dilaj Dr | Transaction ID: 20100817-2145-11-51 |
| | City State Zip Code Columbia CT 06237 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Business Project Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Scott M. Filiault | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 135 Timrod Rd | Transaction ID: 20100802-267-21-40 |
| | City State Zip Code Manchester CT 06040 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 60.00 |
| 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 27 / 92
(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)
Scott M. Filiault

Mailing Address 135 Timrod Rd

City State Zip Code
Manchester CT 06040

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Operations Senior Director
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-266-11-51

Amount of Each Receipt this Period
20.00

B.

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 SVP Chief Investment Officer
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1530.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-1010-21-40

Amount of Each Receipt this Period
90.00

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 SVP Chief Investment Officer
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1530.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-1008-11-51

Amount of Each Receipt this Period
90.00

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 28 / 92 |
| | <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) Robert S. Fry | | Date of Receipt | |
| | Mailing Address 1004 Beech Bay Rd | | M M / D D / Y Y Y Y 08 / 05 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100802-3291-21-40 |
| | Poplar Grove | IL | 61065 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 20.00 | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Sales Director-Sales Mgt | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 340.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------|---------------------------------------|--------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Robert S. Fry | | Date of Receipt | |
| | Mailing Address 1004 Beech Bay Rd | | M M / D D / Y Y Y Y 08 / 19 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100817-3286-11-51 |
| | Poplar Grove | IL | 61065 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 20.00 | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Sales Director-Sales Mgt | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 340.00 | | |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------|---------------------------------------|--------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Thomas Garvey | | Date of Receipt | |
| | Mailing Address 31 Lakeshore Dr | | M M / D D / Y Y Y Y 08 / 05 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100802-2313-21-40 |
| | Rockaway | NJ | 07866 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 19.25 | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation General Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 327.25 | | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 59.25 |
| 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 29 / 92
(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)
Thomas Garvey

Mailing Address 31 Lakeshore Dr

City State Zip Code
Rockaway NJ 07866

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE General Manager
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-2311-11-51

Amount of Each Receipt this Period
19.25

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 Occupation
CT GENERAL LIFE INSURANCE Senior Account Manager
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 478.46

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-4661-21-40

Amount of Each Receipt this Period
29.58

C.

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 Occupation
CT GENERAL LIFE INSURANCE Senior Account Manager
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 478.46

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-4652-11-51

Amount of Each Receipt this Period
6.79

SUBTOTAL of Receipts This Page (optional) ► **55.62**

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 30 / 92

(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)

Paul J. Gontarek

Mailing Address 7442 Devon St

City State Zip Code
Philadelphia PA 19119

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

Name of Employer Occupation
CIGNA CORPORATION Assoc Chief Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2010

Transaction ID: 20100802-3419-21-40

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Gontarek

Mailing Address 7442 Devon St

City State Zip Code
Philadelphia PA 19119

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

Name of Employer Occupation
CIGNA CORPORATION Assoc Chief Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2010

Transaction ID: 20100817-3414-11-51

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)

Richard Gray

Mailing Address 138 Ballard Dr

City State Zip Code
West Hartford CT 06119

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

Name of Employer Occupation
CIGNA CORPORATION Strat And Bus Develop Sr Dir

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2010

Transaction ID: 20100802-2220-21-40

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶

75.00

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 31 / 92 (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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>A. Full Name (Last, First, Middle Initial) Richard Gray</p> <p>Mailing Address 138 Ballard Dr</p> <p>City State Zip Code West Hartford CT 06119</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CIGNA CORPORATION Strat And Bus Develop Sr Dir</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p> | <p>Date of Receipt MM / DD / YYYY 08 / 19 / 2010</p> <p>Transaction ID: 20100817-2218-11-51</p> <p>Amount of Each Receipt this Period 25.00</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>B. Full Name (Last, First, Middle Initial) Douglas R. Hadley</p> <p>Mailing Address 126 Hopmeadow Street</p> <p>City State Zip Code Weatogue CT 06089</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation INT'L REHAB. ASSOCIATES, INC. Medical Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p> | <p>Date of Receipt MM / DD / YYYY 08 / 05 / 2010</p> <p>Transaction ID: 20100802-7547-21-40</p> <p>Amount of Each Receipt this Period 25.00</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>C. Full Name (Last, First, Middle Initial) Douglas R. Hadley</p> <p>Mailing Address 126 Hopmeadow Street</p> <p>City State Zip Code Weatogue CT 06089</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation INT'L REHAB. ASSOCIATES, INC. Medical Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 425.00</p> | <p>Date of Receipt MM / DD / YYYY 08 / 19 / 2010</p> <p>Transaction ID: 20100817-7535-11-51</p> <p>Amount of Each Receipt this Period 25.00</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>75.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p> </p> |

**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 32 / 92 |
| | <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) Joseph L. Hannah | | Date of Receipt |
| | Mailing Address 9414 Indianfield DV | | <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Mechanicsville | VA | 23116 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-6162-21-40 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Senior Sales Representative | 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 ▼ <input type="text" value="340.00"/> | <input type="text" value="20.00"/> |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Joseph L. Hannah | | Date of Receipt |
| | Mailing Address 9414 Indianfield DV | | <input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Mechanicsville | VA | 23116 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100817-6152-11-51 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Senior Sales Representative | 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 ▼ <input type="text" value="340.00"/> | <input type="text" value="20.00"/> |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Clay R. Hedlund | | Date of Receipt |
| | Mailing Address 2504 Briarcrest Dr | | <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Irving | TX | 75063 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-7528-21-40 |
| Name of Employer CIGNA DENTAL HEALTH, INC. | | Occupation Dentist | 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 ▼ <input type="text" value="218.99"/> | <input type="text" value="12.96"/> |

| | |
|------------------------------------------------------------------|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="52.96"/> |
| 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 33 / 92
(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)
Clay R. Hedlund

Mailing Address 2504 Briarcrest Dr

City Irving State TX Zip Code 75063

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

Name of Employer CIGNA DENTAL HEALTH, INC. Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.99

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-7516-11-51

Amount of Each Receipt this Period 12.96

B.

Full Name (Last, First, Middle Initial)
Anthony Hipp

Mailing Address 11459 Coach Dr

City Mokena State IL Zip Code 60448

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

Name of Employer CIGNA CORPORATION Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-15254-21-40

Amount of Each Receipt this Period 19.25

C.

Full Name (Last, First, Middle Initial)
Anthony Hipp

Mailing Address 11459 Coach Dr

City Mokena State IL Zip Code 60448

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

Name of Employer CIGNA CORPORATION Occupation Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-15215-11-51

Amount of Each Receipt this Period 19.25

SUBTOTAL of Receipts This Page (optional) ► 51.46

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 34 / 92 |
| | <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) G. Hoagland | | Date of Receipt |
| | Mailing Address 10012 Rough Run Court | | <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 |
| | City | State | Zip Code |
| | Fairfax | VA | 22039 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-16313-21-40 |
| Name of Employer L&PA CIGNA-General Counsel | | Occupation VP Government Affairs | 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 ▼ | <input type="text"/> 70.00 |
| | | <input type="text"/> 1190.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) G. Hoagland | | Date of Receipt |
| | Mailing Address 10012 Rough Run Court | | <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 |
| | City | State | Zip Code |
| | Fairfax | VA | 22039 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100817-16266-11-51 |
| Name of Employer L&PA CIGNA-General Counsel | | Occupation VP Government Affairs | 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 ▼ | <input type="text"/> 70.00 |
| | | <input type="text"/> 1190.00 | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Robert P. Hockmuth | | Date of Receipt |
| | Mailing Address 135 Brackett 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 |
| | City | State | Zip Code |
| | Rye | NH | 03870 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-867-21-40 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Medical Senior Director | 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 ▼ | <input type="text"/> 19.24 |
| | | <input type="text"/> 327.08 | |

| | |
|------------------------------------------------------------------|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 159.24 |
| 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: (check only one) | PAGE 35 / 92 |
| | <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) Robert P. Hockmuth | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 135 Brackett Rd | Transaction ID: 20100817-865-11-51 |
| | City Rye State NH Zip Code 03870 | Amount of Each Receipt this Period 19.24 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Medical Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.08 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Tamara Horwitz | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 3430 List Place | Transaction ID: 20100802-21189-21-40 |
| | City Minneapolis State MN Zip Code 55416 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA Corp. | Occupation Account Manager-National Accts | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Tamara Horwitz | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 3430 List Place | Transaction ID: 20100817-21111-11-51 |
| | City Minneapolis State MN Zip Code 55416 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA Corp. | Occupation Account Manager-National Accts | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 59.24 |
| 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 36 / 92
(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)
Dale Hovey

Mailing Address 6 Westborough Dr

City Weatogue State CT Zip Code 06089

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation App Development Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-1053-21-40

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Dale Hovey

Mailing Address 6 Westborough Dr

City Weatogue State CT Zip Code 06089

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation App Development Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-1051-11-51

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Alan Innes

Mailing Address 19 Harvest Hill Rd

City West Simsbury State CT Zip Code 06092

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

Name of Employer CIGNA CORPORATION Occupation Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-1975-21-40

Amount of Each Receipt this Period 19.25

SUBTOTAL of Receipts This Page (optional) ► 59.25

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 37 / 92
(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)
Alan Innes

Mailing Address 19 Harvest Hill Rd

City State Zip Code
West Simsbury CT 06092

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

Name of Employer Occupation
CIGNA CORPORATION Senior Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-1974-11-51

Amount of Each Receipt this Period
19.25

B. Full Name (Last, First, Middle Initial)
Abdul-Alim Issa

Mailing Address 5 Corvette Ct

City State Zip Code
New Castle DE 19720

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Underwriting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-137-21-40

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Abdul-Alim Issa

Mailing Address 5 Corvette Ct

City State Zip Code
New Castle DE 19720

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Underwriting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-136-11-51

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 69.25

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 38 / 92 |
| | <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 S. Jameson | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 690 Bradford St | Transaction ID: 20100802-7726-21-40 |
| | City State Zip Code Pasadena CA 91105 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Assoc Chief Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) William S. Jameson | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 690 Bradford St | Transaction ID: 20100817-7714-11-51 |
| | City State Zip Code Pasadena CA 91105 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Assoc Chief Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Frank Edward Jones | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 2622 Cedarvue Dr | Transaction ID: 20100802-3559-21-40 |
| | City State Zip Code Upper St Clair PA 15241 | Amount of Each Receipt this Period 12.27 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer INT'L REHAB. ASSOCIATES, INC. | Occupation Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 237.09 | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 62.27 |
| 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 39 / 92 | | |
| | <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 |

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

A.

Full Name (Last, First, Middle Initial)
Frank Edward Jones

Mailing Address 2622 Cedarvue Dr

City State Zip Code
Upper St Clair PA 15241

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

Name of Employer
INT'L REHAB. ASSOCIATES, INC.

Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
237.09

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-3553-11-51

Amount of Each Receipt this Period
12.27

B.

Full Name (Last, First, Middle Initial)
Scott Josephs

Mailing Address 403 Tramore Dr

City State Zip Code
Chapel Hill NC 27516

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

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-8373-21-40

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Scott Josephs

Mailing Address 403 Tramore Dr

City State Zip Code
Chapel Hill NC 27516

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

Name of Employer
CT GENERAL LIFE INSURANCE CO

Occupation
Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-8360-11-51

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **62.27**

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 40 / 92 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <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)
Jeffrey L. Kang

Mailing Address 245 North Main Street

City Wallingford State CT Zip Code 06492

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

Name of Employer: CT GENERAL LIFE INSURANCE CO
Occupation: VP Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: 20100802-11170-21-40
Amount of Each Receipt this Period: 100.00

B.

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

Mailing Address 245 North Main Street

City Wallingford State CT Zip Code 06492

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

Name of Employer: CT GENERAL LIFE INSURANCE CO
Occupation: VP Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 08 / 19 / 2010
Transaction ID: 20100817-11151-11-51
Amount of Each Receipt this Period: 100.00

C.

Full Name (Last, First, Middle Initial)
Benjamin W. Katz

Mailing Address 3603a Happy Valley Rd

City Lafayette State CA Zip Code 94549

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

Name of Employer: CIGNA HEALTHCARE OF CA, INC.
Occupation: Provider Contracting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: 20100802-7903-21-40
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ► 250.00

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 41 / 92
(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)
Benjamin W. Katz

Mailing Address 3603a Happy Valley Rd

City State Zip Code
Lafayette CA 94549

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

Name of Employer Occupation
CIGNA HEALTHCARE OF CA, INC. Provider Contracting Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-7891-11-51

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Brian S. Keefer

Mailing Address 816 Nathan Hale Drive

City State Zip Code
West Chester PA 19382

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

Name of Employer Occupation
CIGNA CORPORATION Communications Director II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-18349-21-40

Amount of Each Receipt this Period
19.25

C.

Full Name (Last, First, Middle Initial)
Brian S. Keefer

Mailing Address 816 Nathan Hale Drive

City State Zip Code
West Chester PA 19382

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

Name of Employer Occupation
CIGNA CORPORATION Communications Director II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-18289-11-51

Amount of Each Receipt this Period
19.25

SUBTOTAL of Receipts This Page (optional) ► **88.50**

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 42 / 92 |
| | <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) John M. Kissel | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 106 E Valley Creek Rd | Transaction ID: 20100802-14039-21-40 |
| | City State Zip Code Plymouth Meeting PA 19462 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation HR&S Talent Optimization HR Operations Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) John M. Kissel | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 106 E Valley Creek Rd | Transaction ID: 20100817-14006-11-51 |
| | City State Zip Code Plymouth Meeting PA 19462 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation HR&S Talent Optimization HR Operations Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Kay L. Kretsch | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 221 Lone Oak Village Way | Transaction ID: 20100802-14678-21-40 |
| | City State Zip Code Nashville TN 37215 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CHC Government Services Operations Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 50.00 |
| 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 43 / 92
(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)
Kay L. Kretsch

Mailing Address 221 Lone Oak Village Way

City Nashville State TN Zip Code 37215

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

Name of Employer CHC Government Services Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2010
Transaction ID: 20100817-14640-11-51
Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Diana L. Kycia

Mailing Address 98 Garfield Rd

City West Hartford State CT Zip Code 06107

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.08

Date of Receipt 08 / 05 / 2010
Transaction ID: 20100802-1037-21-40
Amount of Each Receipt this Period 13.33

C.

Full Name (Last, First, Middle Initial)
Diana L. Kycia

Mailing Address 98 Garfield Rd

City West Hartford State CT Zip Code 06107

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.08

Date of Receipt 08 / 19 / 2010
Transaction ID: 20100817-1035-11-51
Amount of Each Receipt this Period 13.33

SUBTOTAL of Receipts This Page (optional) ► 46.66

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 44 / 92 |
| | <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) Kenneth P. Langevin | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 32 Castlewood Rd | Transaction ID: 20100802-1511-21-40 |
| | City State Zip Code West Hartford CT 06107 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CIGNA CORPORATION Assoc Chief Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Kenneth P. Langevin | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 32 Castlewood Rd | Transaction ID: 20100817-1510-11-51 |
| | City State Zip Code West Hartford CT 06107 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CIGNA CORPORATION Assoc Chief Counsel | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) William P. Lawless | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 509 S Bay Shore Blvd | Transaction ID: 20100802-2138-21-40 |
| | City State Zip Code Gilbert AZ 85233 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CIGNA HEALTHCARE OF AZ, INC Family Practice | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 50.00 |
| 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 45 / 92
(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 P. Lawless

Mailing Address 509 S Bay Shore Blvd

City State Zip Code
Gilbert AZ 85233

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

Name of Employer Occupation
CIGNA HEALTHCARE OF AZ, INC Family Practice

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-2136-11-51

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Lisa Lawrence

Mailing Address 14015 Citrus Crest Circle

City State Zip Code
Tampa FL 33625

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Operations Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 244.05

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-3834-21-40

Amount of Each Receipt this Period
14.61

C.

Full Name (Last, First, Middle Initial)
Lisa Lawrence

Mailing Address 14015 Citrus Crest Circle

City State Zip Code
Tampa FL 33625

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Operations Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 244.05

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-3827-11-51

Amount of Each Receipt this Period
14.61

SUBTOTAL of Receipts This Page (optional) ► 49.22

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 46 / 92 |
| | <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) Jon E. Maesner | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 22 Crosswood Rd | Transaction ID: 20100802-7555-21-40 |
| | City State Zip Code Farmington CT 06032 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Clinical Program Sr Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Jon E. Maesner | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 22 Crosswood Rd | Transaction ID: 20100817-7543-11-51 |
| | City State Zip Code Farmington CT 06032 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Clinical Program Sr Dir | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) William J. Maher | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 16 Sheffield Dr | Transaction ID: 20100817-3777-11-51 |
| | City State Zip Code Moorestown NJ 08057 | Amount of Each Receipt this Period 12.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Financial Analysis Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 204.00 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 42.00 |
| 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 47 / 92 |
| | <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) Carla C. Mangiafico | | Date of Receipt |
| | Mailing Address 47 Kelsey Ln | | <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 08 / 05 / 2010 |
| | City | State | Zip Code |
| | Glastonbury | CT | 06033 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-293-21-40 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Financial Analysis Sr Dir | 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 ▼ <input type="text"/> 323.00 | <input type="text"/> 19.00 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Carla C. Mangiafico | | Date of Receipt |
| | Mailing Address 47 Kelsey Ln | | <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 08 / 19 / 2010 |
| | City | State | Zip Code |
| | Glastonbury | CT | 06033 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100817-292-11-51 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Financial Analysis Sr Dir | 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 ▼ <input type="text"/> 323.00 | <input type="text"/> 19.00 |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mark P. Marsters | | Date of Receipt |
| | Mailing Address 13 Devonshire Ln | | <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 08 / 05 / 2010 |
| | City | State | Zip Code |
| | Malvern | PA | 19355 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-12237-21-40 |
| Name of Employer LIFE INS. CO. OF NORTH AMERICA | | Occupation VP Service Operations | 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 ▼ <input type="text"/> 850.00 | <input type="text"/> 50.00 |

| | |
|------------------------------------------------------------------|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 88.00 |
| 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 48 / 92
(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)
Mark P. Marsters

Mailing Address 13 Devonshire Ln

City Malvern State PA Zip Code 19355

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

Name of Employer LIFE INS. CO. OF NORTH AMERICA Occupation VP Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 08 / 19 / 2010
Transaction ID: 20100817-12214-11-51
Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Thomas J. Martel

Mailing Address 23 Tack Ct

City Edgewater State MD Zip Code 21037

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 05 / 2010
Transaction ID: 20100802-11848-21-40
Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Thomas J. Martel

Mailing Address 23 Tack Ct

City Edgewater State MD Zip Code 21037

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 19 / 2010
Transaction ID: 20100817-11827-11-51
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 100.00

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 49 / 92

(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)

John W. Matheny

Mailing Address 43 S Taylor Point Dr

City State Zip Code
The Woodlands TX 77382

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

Name of Employer
CT GENERAL LIFE INSURANCE
CO

Occupation
Provider Contracting Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

297.19

Date of Receipt

MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-4922-21-40

Amount of Each Receipt this Period

17.54

B.

Full Name (Last, First, Middle Initial)

John W. Matheny

Mailing Address 43 S Taylor Point Dr

City State Zip Code
The Woodlands TX 77382

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

Name of Employer
CT GENERAL LIFE INSURANCE
CO

Occupation
Provider Contracting Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

297.19

Date of Receipt

MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-4913-11-51

Amount of Each Receipt this Period

17.54

C.

Full Name (Last, First, Middle Initial)

William McGean

Mailing Address 10 Grosvenor Rd

City State Zip Code
Waltham MA 02453

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

Name of Employer
LIFE INS. CO. OF NORTH AM-
ERICA

Occupation
Operations Director

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-9733-21-40

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

50.08

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 50 / 92 |
| | <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) William McGean | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 10 Grosvenor Rd | Transaction ID: 20100817-9717-11-51 |
| | City State Zip Code Waltham MA 02453 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Operations Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Morris D. Mirabella | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 5820 Aventura Ct | Transaction ID: 20100802-8097-21-40 |
| | City State Zip Code Tampa FL 33625 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Sales Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Morris D. Mirabella | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 5820 Aventura Ct | Transaction ID: 20100817-8085-11-51 |
| | City State Zip Code Tampa FL 33625 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CT GENERAL LIFE INSURANCE CO Sales Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 45.00 |
| 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 51 / 92
(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 |

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)
Kymberly P. Miranda

Mailing Address 520 SE 5th Avenue

City State Zip Code
Ft. Lauderdale FL 33301

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Account Manager-National Accts
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-5353-21-40

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Kymberly P. Miranda

Mailing Address 520 SE 5th Avenue

City State Zip Code
Ft. Lauderdale FL 33301

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Account Manager-National Accts
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-5344-11-51

Amount of Each Receipt this Period
20.00

C.

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 EVP Human Resources & Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-12599-21-40

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **140.00**

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 52 / 92
(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)
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 EVP Human Resources & Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-12575-11-51

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 1449 Canal Point Rd

City State Zip Code
Longwood FL 32750

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-9840-11-51

Amount of Each Receipt this Period
12.00

C.

Full Name (Last, First, Middle Initial)
Paula Murphy

Mailing Address 11 Dally Farms Rd

City State Zip Code
Windsor CT 06095

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Project Management Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-5310-21-40

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 127.00

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 53 / 92 |
| | <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) Paula Murphy | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 11 Dally Farms Rd | Transaction ID: 20100817-5301-11-51 |
| | City Windsor State CT Zip Code 06095 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Project Management Sr Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Daniel Nicoll | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 4 Bayview Dr | Transaction ID: 20100802-2266-21-40 |
| | City Plainview State NY Zip Code 11803 | Amount of Each Receipt this Period 26.93 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Medical Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.81 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Daniel Nicoll | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 4 Bayview Dr | Transaction ID: 20100817-2264-11-51 |
| | City Plainview State NY Zip Code 11803 | Amount of Each Receipt this Period 26.93 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Medical Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 457.81 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 68.86 |
| 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 54 / 92 |
| | <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) Eliana Nunez | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 120 Ridge Crest Cir | Transaction ID: 20100802-1354-21-40 |
| | City State Zip Code Wethersfield CT 06109 | Amount of Each Receipt this Period 15.91 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Business Project Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.13 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Eliana Nunez | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 120 Ridge Crest Cir | Transaction ID: 20100817-1352-11-51 |
| | City State Zip Code Wethersfield CT 06109 | Amount of Each Receipt this Period 15.91 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Business Project Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.13 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) John Oates | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 2101 Sea Eagle View | Transaction ID: 20100802-15707-21-40 |
| | City State Zip Code Austin TX 78738 | Amount of Each Receipt this Period 46.15 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA CORPORATION | Occupation Government Affairs Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 784.55 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 77.97 |
| 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 55 / 92 |
| | <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 Oates | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 2101 Sea Eagle View | | Transaction ID: 20100817-15665-11-51 | | |
| | City Austin | State TX | Zip Code 78738 | Amount of Each Receipt this Period 46.15 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA CORPORATION | Occupation Government Affairs Director | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 784.55 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Jeffery P. Panter | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 1947 Turnberry Cir | | Transaction ID: 20100802-5707-21-40 | | |
| | City Hixson | State TN | Zip Code 37343 | Amount of Each Receipt this Period 19.25 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Claims Senior Director | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 327.25 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Jeffery P. Panter | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 1947 Turnberry Cir | | Transaction ID: 20100817-5698-11-51 | | |
| | City Hixson | State TN | Zip Code 37343 | Amount of Each Receipt this Period 19.25 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Claims Senior Director | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 327.25 | | | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 84.65 |
| 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 56 / 92 |
| | <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) Charlene Parsons | | Date of Receipt |
| | Mailing Address 1179 Colts Ln | | <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Yardley | PA | 19067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-13067-21-40 |
| Name of Employer CIGNA CORPORATION | | Occupation VP Talent Optimization | 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 ▼ <input type="text" value="1530.00"/> | <input type="text" value="90.00"/> |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Charlene Parsons | | Date of Receipt |
| | Mailing Address 1179 Colts Ln | | <input type="text" value="08"/> / <input type="text" value="19"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Yardley | PA | 19067 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100817-13042-11-51 |
| Name of Employer CIGNA CORPORATION | | Occupation VP Talent Optimization | 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 ▼ <input type="text" value="1530.00"/> | <input type="text" value="90.00"/> |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Mark A. Parsons | | Date of Receipt |
| | Mailing Address 4 Thistle Hollow | | <input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Avon | CT | 06001 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 20100802-509-21-40 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation SVP Reinsurance | 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 ▼ <input type="text" value="680.00"/> | <input type="text" value="40.00"/> |

| | |
|------------------------------------------------------------------|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="220.00"/> |
| 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 57 / 92
(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)
Mark A. Parsons

Mailing Address 4 Thistle Hollow

City Avon State CT Zip Code 06001

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 ▼ 680.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-508-11-51

Amount of Each Receipt this Period 40.00

B.

Full Name (Last, First, Middle Initial)
Carol Petren

Mailing Address 210 W. Washington Square -10SW

City Philadelphia State PA Zip Code 19106-3581

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

Name of Employer ADM CEO Staff Occupation EVP Genl Counsel & Pub Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3264.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-15283-21-40

Amount of Each Receipt this Period 192.00

C.

Full Name (Last, First, Middle Initial)
Carol Petren

Mailing Address 210 W. Washington Square -10SW

City Philadelphia State PA Zip Code 19106-3581

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

Name of Employer ADM CEO Staff Occupation EVP Genl Counsel & Pub Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3264.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-15244-11-51

Amount of Each Receipt this Period 192.00

SUBTOTAL of Receipts This Page (optional) ► **424.00**

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 58 / 92 |
| | <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) Robert D. Picinich | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 1096 Maple Hill Ln | Transaction ID: 20100802-2378-21-40 |
| | City Malvern State PA Zip Code 19355 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Robert D. Picinich | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 1096 Maple Hill Ln | Transaction ID: 20100817-2376-11-51 |
| | City Malvern State PA Zip Code 19355 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Carole A. Pirozzi | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 4651 Maryann Ln | Transaction ID: 20100802-2776-21-40 |
| | City Bethlehem State PA Zip Code 18017 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation HR Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 49.25 |
| 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 59 / 92
(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)
Carole A. Pirozzi

Mailing Address 4651 Maryann Ln

City State Zip Code
Bethlehem PA 18017

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE HR Senior Director
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-2771-11-51

Amount of Each Receipt this Period
19.25

B.

Full Name (Last, First, Middle Initial)
Charles C. Pitts

Mailing Address 622 Museum Drive

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CHC Middle Market Segment General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-15980-21-40

Amount of Each Receipt this Period
19.23

C.

Full Name (Last, First, Middle Initial)
Charles C. Pitts

Mailing Address 622 Museum Drive

City State Zip Code
Charlotte NC 28207

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

Name of Employer Occupation
CHC Middle Market Segment General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.91

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-15937-11-51

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **57.71**

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 60 / 92 |
| | <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)
David M. Porcello

Mailing Address 24 Magnolia Dr

City State Zip Code
Suffield CT 06078

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

Name of Employer Occupation
CIGNA CORPORATION VP Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-1459-21-40

Amount of Each Receipt this Period
20.00

B.

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

Mailing Address 24 Magnolia Dr

City State Zip Code
Suffield CT 06078

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

Name of Employer Occupation
CIGNA CORPORATION VP Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-1458-11-51

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Thomas F. Prevost

Mailing Address 13 Deer Run

City State Zip Code
Southwick MA 01077

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Aviation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-364-21-40

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

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 61 / 92 |
| | <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) Thomas F. Prevost | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 13 Deer Run | | Transaction ID: 20100817-363-11-51 | | |
| | City Southwick | State MA | Zip Code 01077 | Amount of Each Receipt this Period 20.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Aviation Director | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 340.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Jodi Prohovsky | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 360 W Point Rd | | Transaction ID: 20100802-1990-21-40 | | |
| | City Tonka Bay | State MN | Zip Code 55331 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA BEHAVIORAL HEALTH, INC. | Occupation General Manager | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 425.00 | | | |

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------------------|---------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Jodi Prohovsky | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 360 W Point Rd | | Transaction ID: 20100817-1989-11-51 | | |
| | City Tonka Bay | State MN | Zip Code 55331 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CIGNA BEHAVIORAL HEALTH, INC. | Occupation General Manager | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 425.00 | | | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 70.00 |
| 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 62 / 92 |
| | <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) Edward Rainis | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 3 Rebecca Court | Transaction ID: 20100802-11017-21-40 |
| | City State Zip Code Hockessin DE 19707 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation App Development Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Edward Rainis | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 3 Rebecca Court | Transaction ID: 20100817-11000-11-51 |
| | City State Zip Code Hockessin DE 19707 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation App Development Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Michael J. Raybeck | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 622 Georgia Ave # 307 | Transaction ID: 20100802-12996-21-40 |
| | City State Zip Code Chattanooga TN 37402 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer INT'L REHAB. ASSOCIATES, INC. | Occupation Medical Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 57.75 |
| 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 63 / 92
(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)
Michael J. Raybeck

Mailing Address 622 Georgia Ave # 307

City State Zip Code
Chattanooga TN 37402

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

Name of Employer: INT'L REHAB. ASSOCIATES, INC. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt: 08 / 19 / 2010
Transaction ID: 20100817-12972-11-51
Amount of Each Receipt this Period: 19.25

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

Mailing Address 1539 E Hackamore St

City State Zip Code
Mesa AZ 85203

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

Name of Employer: CIGNA HEALTHCARE OF AZ, INC. Occupation: Urgent Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 05 / 2010
Transaction ID: 20100802-6944-21-40
Amount of Each Receipt this Period: 20.00

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

Mailing Address 1539 E Hackamore St

City State Zip Code
Mesa AZ 85203

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

Name of Employer: CIGNA HEALTHCARE OF AZ, INC. Occupation: Urgent Care Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 08 / 19 / 2010
Transaction ID: 20100817-6931-11-51
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 59.25

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 64 / 92 |
| | <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 A. Reinholz | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 360 W Illinois St Apt 3a | Transaction ID: 20100802-4786-21-40 |
| | City State Zip Code Chicago IL 60610 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Sales Administration Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Brett A. Reinholz | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 360 W Illinois St Apt 3a | Transaction ID: 20100817-4777-11-51 |
| | City State Zip Code Chicago IL 60610 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Sales Administration Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Thomas B. Richards | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 3 Scarborough Farms Rd | Transaction ID: 20100802-727-21-40 |
| | City State Zip Code Simsbury CT 06070 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation VP US Products | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 55.00 |
| 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 65 / 92 |
| | <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) Thomas B. Richards | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 3 Scarborough Farms Rd | Transaction ID: 20100817-726-11-51 |
| | City State Zip Code Simsbury CT 06070 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CT GENERAL LIFE INSURANCE CO VP US Products | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 425.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Michael J. Ross | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 147 Old Gulph Rd | Transaction ID: 20100802-11379-21-40 |
| | City State Zip Code Wynnewood PA 19096 | Amount of Each Receipt this Period 96.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA VP Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1632.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Michael J. Ross | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 147 Old Gulph Rd | Transaction ID: 20100817-11360-11-51 |
| | City State Zip Code Wynnewood PA 19096 | Amount of Each Receipt this Period 96.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA VP Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1632.00 | |

| | | |
|------------------------------------------------------------------|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 217.00 |
| 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 66 / 92
(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)
Jean C. Rush

Mailing Address 73 Cidermill Hts

City State Zip Code
North Granby CT 06060

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE General Manager
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2010

Transaction ID: 20100802-270-21-40

Amount of Each Receipt this Period
19.25

B.

Full Name (Last, First, Middle Initial)
Jean C. Rush

Mailing Address 73 Cidermill Hts

City State Zip Code
North Granby CT 06060

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE General Manager
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 19 / 2010

Transaction ID: 20100817-269-11-51

Amount of Each Receipt this Period
19.25

C.

Full Name (Last, First, Middle Initial)
Richard B. Salmon

Mailing Address 5 Hawks Rdg

City State Zip Code
Avon CT 06001

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Medical Officer
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 05 / 2010

Transaction ID: 20100802-2151-21-40

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **68.50**

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 67 / 92 |
| | <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) Richard B. Salmon | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 5 Hawks Rdg | Transaction ID: 20100817-2149-11-51 |
| | City Avon State CT Zip Code 06001 | Amount of Each Receipt this Period 30.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Medical Officer 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) David N. Sasportas | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 125 Wadhams Rd | Transaction ID: 20100802-445-21-40 |
| | City Bloomfield State CT Zip Code 06002 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Sr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) David N. Sasportas | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 125 Wadhams Rd | Transaction ID: 20100817-444-11-51 |
| | City Bloomfield State CT Zip Code 06002 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer CT GENERAL LIFE INSURANCE CO Occupation Project Management Sr Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 70.00 |
| 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 68 / 92
(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 State Zip Code
Farmington CT 06032

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1445.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-510-21-40

Amount of Each Receipt this Period
85.00

B.

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

Mailing Address 18 Wyndham Ln

City State Zip Code
Farmington CT 06032

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1445.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-509-11-51

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
David A. Savino

Mailing Address 91 Trumbull Ln

City State Zip Code
South Windsor CT 06074

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

Name of Employer Occupation
CIGNA CORPORATION Strategic Sourcing Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-682-21-40

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **195.00**

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 69 / 92
(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)
David A. Savino

Mailing Address 91 Trumbull Ln

City State Zip Code
South Windsor CT 06074

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

Name of Employer Occupation
CIGNA CORPORATION Strategic Sourcing Sr Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-681-11-51

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
David S. Scheibe

Mailing Address 400 Kings Highway

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Treasury Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-1539-21-40

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
David S. Scheibe

Mailing Address 400 Kings Highway

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Treasury Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-1538-11-51

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **65.00**

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 70 / 92 |
| | <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) Richard J. Shube | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 1975 E. Belleview Ln. | Transaction ID: 20100802-17009-21-40 |
| | City State Zip Code Greenwood Village CO 80121 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CGI Sales | Occupation Sales Director-Direct Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Richard J. Shube | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 1975 E. Belleview Ln. | Transaction ID: 20100817-16956-11-51 |
| | City State Zip Code Greenwood Village CO 80121 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CGI Sales | Occupation Sales Director-Direct Sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Michael D. Slice | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 19422 N 73rd Ave | Transaction ID: 20100802-4228-21-40 |
| | City State Zip Code Glendale AZ 85308 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA HEALTHCARE OF AZ, INC | Occupation Operations Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 57.75 |
| 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 71 / 92
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Michael D. Slice

Mailing Address 19422 N 73rd Ave

City State Zip Code
Glendale AZ 85308

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

Name of Employer Occupation
CIGNA HEALTHCARE OF AZ, INC Operations Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 327.25

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-4219-11-51

Amount of Each Receipt this Period
19.25

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

Mailing Address 269 Sunnybrook Rd

City State Zip Code
Springfield PA 19064

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Business Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-8654-21-40

Amount of Each Receipt this Period
50.00

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

Mailing Address 269 Sunnybrook Rd

City State Zip Code
Springfield PA 19064

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Business Financial Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-8639-11-51

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **119.25**

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 72 / 92 |
| | <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) Raymond Smithberger | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 6 Saint Andrews Dr | Transaction ID: 20100802-12508-21-40 |
| | City Avon State CT Zip Code 06001 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Raymond Smithberger | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 6 Saint Andrews Dr | Transaction ID: 20100817-12485-11-51 |
| | City Avon State CT Zip Code 06001 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Donald R. Spelhaug | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 5710 W Arrowhead Lakes Dr | Transaction ID: 20100802-7001-21-40 |
| | City Glendale State AZ Zip Code 85308 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CIGNA HEALTHCARE OF AZ, INC | Occupation Family Practice | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 60.00 |
| 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 73 / 92 |
| | <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) Donald R. Spelhaug | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 5710 W Arrowhead Lakes Dr | Transaction ID: 20100817-6988-11-51 |
| | City State Zip Code Glendale AZ 85308 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CIGNA HEALTHCARE OF AZ, INC Family Practice | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Kenneth Stapleton | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 454 Lonesome Dove Lane | Transaction ID: 20100802-12632-21-40 |
| | City State Zip Code Ringgold GA 30736 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CT GENERAL LIFE INSURANCE CO HR Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Kenneth Stapleton | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 454 Lonesome Dove Lane | Transaction ID: 20100817-12608-11-51 |
| | City State Zip Code Ringgold GA 30736 | Amount of Each Receipt this Period 19.25 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CT GENERAL LIFE INSURANCE CO HR Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 58.50 |
| 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 74 / 92 |
| | <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) Marjorie G. Stein | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 343 Brookway Rd | | Transaction ID: 20100817-2257-11-51 | | |
| | City Merion | State PA | Zip Code 19066 | Amount of Each Receipt this Period 12.00 | |
| | FEC ID number of contributing federal political committee. C | | Name of Employer CIGNA CORPORATION | | |
| | Occupation Employee Relations Director | | Aggregate Year-to-Date 204.00 | | |

| | | | | | |
|-----------|-----------------------------------------------------------------|-------------|-----------------------------------------------------|--------------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Jennifer Stepp | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 | | |
| | Mailing Address 4144 Central Ave | | Transaction ID: 20100802-4742-21-40 | | |
| | City Indianapolis | State IN | Zip Code 46205 | Amount of Each Receipt this Period 6.31 | |
| | FEC ID number of contributing federal political committee. C | | Name of Employer CT GENERAL LIFE INSURANCE CO | | |
| | Occupation Senior Account Manager | | Aggregate Year-to-Date 443.66 | | |

| | | | | | |
|-----------|-----------------------------------------------------------------|-------------|-----------------------------------------------------|--------------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Jennifer Stepp | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 | | |
| | Mailing Address 4144 Central Ave | | Transaction ID: 20100817-4733-11-51 | | |
| | City Indianapolis | State IN | Zip Code 46205 | Amount of Each Receipt this Period 6.31 | |
| | FEC ID number of contributing federal political committee. C | | Name of Employer CT GENERAL LIFE INSURANCE CO | | |
| | Occupation Senior Account Manager | | Aggregate Year-to-Date 443.66 | | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 24.62 |
| 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 75 / 92
(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) Cathrin Stickney | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| Mailing Address 1050 Hyatt Road E | | Transaction ID: 20100802-8782-21-40 |
| City Southhold | State NY | Zip Code 11971 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 19.25 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Cathrin Stickney | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 1050 Hyatt Road E | | Transaction ID: 20100817-8766-11-51 |
| City Southhold | State NY | Zip Code 11971 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 19.25 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 327.25 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Daniel M. Sullivan | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| Mailing Address 95 Governors Way | | Transaction ID: 20100802-1773-21-40 |
| City Brentwood | State TN | Zip Code 37027 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 15.00 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Operations Senior Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 53.50 |
| 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 76 / 92
(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)
Daniel M. Sullivan

Mailing Address 95 Governors Way

City State Zip Code
Brentwood TN 37027

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Operations Senior Director
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-1772-11-51

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Gregory J. Sullivan

Mailing Address 27 Sunny Heights Rd

City State Zip Code
Granby CT 06035

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Operations Senior Director
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-13302-21-40

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Gregory J. Sullivan

Mailing Address 27 Sunny Heights Rd

City State Zip Code
Granby CT 06035

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Operations Senior Director
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-13275-11-51

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 55.00

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 77 / 92
(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)
Shelly Swinford

Mailing Address 5 Pinnacle Mountain Rd

City State Zip Code
Simsbury CT 06070

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Operations Senior Director
CO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 283.49

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2010

Transaction ID: 20100802-4717-21-40

Amount of Each Receipt this Period
16.86

B.

Full Name (Last, First, Middle Initial)
Shelly Swinford

Mailing Address 5 Pinnacle Mountain Rd

City State Zip Code
Simsbury CT 06070

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Operations Senior Director
CO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 283.49

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2010

Transaction ID: 20100817-4708-11-51

Amount of Each Receipt this Period
16.86

C.

Full Name (Last, First, Middle Initial)
Jeff S. Terrill

Mailing Address 9556 E Cortez St

City State Zip Code
Scottsdale AZ 85260

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE RVP Segment Lead
CO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2010

Transaction ID: 20100802-9385-21-40

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **53.72**

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 78 / 92 |
| | <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) Jeff S. Terrill | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 9556 E Cortez St | Transaction ID: 20100817-9369-11-51 |
| | City State Zip Code Scottsdale AZ 85260 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation RVP Segment Lead | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Jeffrey Thackeray | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 1334 Holly Hill Drive | Transaction ID: 20100802-231-21-40 |
| | City State Zip Code Franklin TN 37064 | Amount of Each Receipt this Period 9.19 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Manager Account Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 402.40 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Jeffrey Thackeray | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 1334 Holly Hill Drive | Transaction ID: 20100817-230-11-51 |
| | City State Zip Code Franklin TN 37064 | Amount of Each Receipt this Period 9.19 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Manager Account Mgmt | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 402.40 | |

| | |
|------------------------------------------------------------------|--------------|
| SUBTOTAL of Receipts This Page (optional) | 38.38 |
| 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 79 / 92
(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)
Jeffrey E. Tindall

Mailing Address 47 Owens Brook Blvd

City State Zip Code
Simsbury CT 06070

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 ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-13566-21-40

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Jeffrey E. Tindall

Mailing Address 47 Owens Brook Blvd

City State Zip Code
Simsbury CT 06070

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 ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-13538-11-51

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Joseph E. Turgeon

Mailing Address 15 Lyman Rd

City State Zip Code
Bolton CT 06043

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Provider Contracting Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-13128-21-40

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional) ► 55.00

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 80 / 92
(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)
Joseph E. Turgeon

Mailing Address 15 Lyman Rd

City State Zip Code
Bolton CT 06043

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE CO Provider Contracting Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-13102-11-51

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
Katharine L. Wade

Mailing Address 3 East Weatogue Strret

City State Zip Code
Simsbury CT 06070

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

Name of Employer Occupation
CIGNA CORPORATION Compliance Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-790-21-40

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Katharine L. Wade

Mailing Address 3 East Weatogue Strret

City State Zip Code
Simsbury CT 06070

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

Name of Employer Occupation
CIGNA CORPORATION Compliance Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-788-11-51

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 55.00

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 81 / 92
(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)
Brian Wallach

Mailing Address 1409 Vassar St

City State Zip Code
Houston TX 77006

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Provider Contracting Sr Dir
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 508.81

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-8677-21-40

Amount of Each Receipt this Period
29.93

B. Full Name (Last, First, Middle Initial)
Brian Wallach

Mailing Address 1409 Vassar St

City State Zip Code
Houston TX 77006

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

Name of Employer Occupation
CT GENERAL LIFE INSURANCE Provider Contracting Sr Dir
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 508.81

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-8661-11-51

Amount of Each Receipt this Period
29.93

C. Full Name (Last, First, Middle Initial)
Joseph M. Walter

Mailing Address 510 Larkins Bridge Dr

City State Zip Code
Downingtown PA 19335

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

Name of Employer Occupation
CIGNA CORPORATION Financial Analysis Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-10636-21-40

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 79.86

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 82 / 92
(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)
Joseph M. Walter

Mailing Address 510 Larkins Bridge Dr

City State Zip Code
Downingtown PA 19335

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

Name of Employer Occupation
CIGNA CORPORATION Financial Analysis Sr Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-10618-11-51

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Scott D. Watson

Mailing Address 1813 Shadywood Ct

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Senior Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 497.20

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 20100802-5155-21-40

Amount of Each Receipt this Period
53.96

C. Full Name (Last, First, Middle Initial)
Scott D. Watson

Mailing Address 1813 Shadywood Ct

City State Zip Code
Chesterfield MO 63017

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

Name of Employer Occupation
LIFE INS. CO. OF NORTH AMERICA Senior Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 497.20

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 20100817-5146-11-51

Amount of Each Receipt this Period
16.46

SUBTOTAL of Receipts This Page (optional) ► **90.42**

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 83 / 92

(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)
Christopher J. Whelan

Mailing Address 585 Country Club Rd

City Avon State CT Zip Code 06001

FEC ID number of contributing federal political committee. C

Name of Employer
CT GENERAL LIFE INSURANCE CO
Occupation
Financial Analysis Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-13045-21-40

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Christopher J. Whelan

Mailing Address 585 Country Club Rd

City Avon State CT Zip Code 06001

FEC ID number of contributing federal political committee. C

Name of Employer
CT GENERAL LIFE INSURANCE CO
Occupation
Financial Analysis Sr Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 19 / 2010

Transaction ID: 20100817-13020-11-51

Amount of Each Receipt this Period 20.00

C.

Full Name (Last, First, Middle Initial)
Lance Wilkes

Mailing Address 21 Arlington Drive

City Avon State CT Zip Code 06001

FEC ID number of contributing federal political committee. C

Name of Employer
CT GENERAL LIFE INSURANCE CO
Occupation
Financial Strategy Sr Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 20100802-9654-21-40

Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 60.00

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 84 / 92 |
| | <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) Lance Wilkes | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 21 Arlington Drive | Transaction ID: 20100817-9638-11-51 |
| | City Avon State CT Zip Code 06001 | Amount of Each Receipt this Period 20.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Financial Strategy Sr Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Eric Witherspoon | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| | Mailing Address 509 Barrington Rd | Transaction ID: 20100802-6101-21-40 |
| | City Signal Mountain State TN Zip Code 37377 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Underwriting Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------|
| C. | Full Name (Last, First, Middle Initial) Eric Witherspoon | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| | Mailing Address 509 Barrington Rd | Transaction ID: 20100817-6091-11-51 |
| | City Signal Mountain State TN Zip Code 37377 | Amount of Each Receipt this Period 15.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Underwriting Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |

| | |
|------------------------------------------------------------------|-------|
| SUBTOTAL of Receipts This Page (optional) | 50.00 |
| 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 85 / 92
(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) Bu Yang | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| Mailing Address 121 High Wood Dr | | Transaction ID: 20100802-9353-21-40 |
| City South Glastonbury | State CT | Zip Code 06073 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 21.15 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Architecture Sr Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 359.55 | |

B.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) Bu Yang | | Date of Receipt MM / DD / YYYY 08 / 19 / 2010 |
| Mailing Address 121 High Wood Dr | | Transaction ID: 20100817-9337-11-51 |
| City South Glastonbury | State CT | Zip Code 06073 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 21.15 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Architecture Sr Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 359.55 | |

C.

| | | |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) John Young | | Date of Receipt MM / DD / YYYY 08 / 05 / 2010 |
| Mailing Address 18420 29th Avenue North | | Transaction ID: 20100802-15028-21-40 |
| City Plymouth | State MN | Zip Code 55447 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer CHC Middle Market Sales | Occupation Account Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 340.00 | |

| | | |
|------------------------------------------------------------------|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 62.30 |
| 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 86 / 92 | |
| | (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) John Young | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 18420 29th Avenue North | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 | | 1 | 9 | | 2 | 0 | 1 | 0 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 8 | | 1 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | City | State | Zip Code | | Transaction ID: 20100817-14989-11-51 | | | | | | | | | | | | | | | | | | | |
| Plymouth | MN | 55447 | | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| Name of Employer CHC Middle Market Sales | | Occupation Account Director | | 20.00 | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | | | | | | | | | |
| | | 340.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 20.00 |
| TOTAL This Period (last page this line number only) | ▶ | 7349.69 |

**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)

PAGE 87 / 92

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael N. Castle <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5CDBCC4BA17F30D3233 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1400.00 |
| | 011 Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael N. Castle <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5FC49594C968A035097 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 600.00 |
| | 011 Category/ Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Cooper for Congress <hr/> Mailing Address C/O Davidson, Golden & Lundy PO Box 927 <hr/> City Brentwood State TN Zip Code 37024 <hr/> Purpose of Disbursement 2010 General Candidate Name Jim Cooper <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2027B58F3C045F8A365 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2500.00 |
| | 011 Category/ Type |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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)

PAGE 88 / 92

| | | | | | |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) David Vitter for US Senate <hr/> Mailing Address PO Box 8175 <hr/> City Metairie State LA Zip Code 70011 <hr/> Purpose of Disbursement 2010 Primary Candidate Name David Vitter <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: F4845EE770398C98CF1 Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010 |
| | 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) ▼ |
| B. Full Name (Last, First, Middle Initial) Georgians for Isakson <hr/> Mailing Address Post Office Box 250116 <hr/> City Atlanta State GA Zip Code 30325 <hr/> Purpose of Disbursement 2010 General Candidate Name Johnny Isakson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: A9F136852DA224B3D9F Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Larson for Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033 <hr/> Purpose of Disbursement 2010 General Candidate Name John B. Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6CAB6A4F51E80A5A97E Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2010 |
| | 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) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement 2010 General Candidate Name Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 7FC063FDB97B3F5CF0A Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2010 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | Contribution |
| B. Full Name (Last, First, Middle Initial) Pennsylvanians for Kanjorski <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> Purpose of Disbursement 2010 General Candidate Name Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: A3713E3C6E7A17316BE Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2010 |
| | Amount of Each Disbursement this Period 2400.00 |
| | Category/ Type 011 |
| | Contribution |
| C. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 607 14th Street, N.W. Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Searchlight Leadership Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution | Transaction ID: B5815738F07C7930916 Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2010 |
| | Amount of Each Disbursement this Period 1000.00 |
| | Category/ Type 011 |
| | Contribution |

SUBTOTAL of Disbursements This Page (optional) ►

5400.00

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

13900.00

**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)

PAGE 90 / 92

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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 type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" 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) Amanda Reeve 2010 <hr/> Mailing Address 1901 E Ludlow Dr <hr/> City Phoenix State AZ Zip Code 85022 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2F32B687E3F2F4DE633 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |
| | 011 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Burroughs 2010 <hr/> Mailing Address 8171 E Thorntree Dr <hr/> City Scottsdale State AZ Zip Code 85266 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 4AEB8E15D6767CC922A Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |
| | 011 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Driggs 2010 <hr/> Mailing Address 4231 E Clarendon Ave <hr/> City Phoenix State AZ Zip Code 85018 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 358E4E62F6C5CA5B813 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |
| | 011 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|------------------------------------------------------------------|---|---------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1230.00 |
| 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)

PAGE 91 / 92

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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 type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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| A. Full Name (Last, First, Middle Initial) Elect J.D. Mesnard <hr/> Mailing Address 1427 W Homestead Ct <hr/> City Chandler State AZ Zip Code 85286 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9E292F56ED2D3498C72 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |
| | 011 Category/ Type |
| | State: District: |
| B. Full Name (Last, First, Middle Initial) Kimberly Yee 2010 <hr/> Mailing Address PO Box 83561 <hr/> City Phoenix State AZ Zip Code 85071 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 5E7BA07683BE3037294 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |
| | 011 Category/ Type |
| | State: District: |
| C. Full Name (Last, First, Middle Initial) Konopnicki 2010 <hr/> Mailing Address 1491 W Thatcher Blvd Ste 107 <hr/> City Safford State AZ Zip Code 85546 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9419D85139D54093817 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |
| | 011 Category/ Type |
| | State: District: |

SUBTOTAL of Disbursements This Page (optional) ▶

1230.00

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)

PAGE 92 / 92

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|----------------------------------------|------------------------------|
| <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 type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| A. Full Name (Last, First, Middle Initial) Michael Blaire 2010 <hr/> Mailing Address 10921 N 140th Way <hr/> City State Zip Code Scottsdale AZ 85259 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: DAEC1AA31EB1BE5A4DD Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |
| B. Full Name (Last, First, Middle Initial) Tolino for State Rep <hr/> Mailing Address 4756 E Lavender Ln <hr/> City State Zip Code Phoenix AZ 85044 <hr/> Purpose of Disbursement Nonfederal Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: BF7149972F0C958A642 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 410.00 |

SUBTOTAL of Disbursements This Page (optional) ►

820.00

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

3280.00