

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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 04 30 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 05 11 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 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| 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 | 32289.73 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 24353.49 | 66821.95 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 56643.22 | 112093.22 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 8250.00 | 63700.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 48393.22 | 48393.22 | | | | | | | | |
| 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:

| | |
|---|---|
| M | M |
| 0 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

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

| 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) | 7565.33 | 14597.31 |
| (ii) Unitemized | 14788.16 | 50224.64 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 22353.49 | 64821.95 |
| (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) | 22353.49 | 64821.95 |
| 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 | 2000.00 | 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)) | 24353.49 | 66821.95 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 24353.49 | 66821.95 |

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..... | 1350.00 | 45850.00 |
| 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 | 0.00 |
| (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 | 0.00 |
| 29. Other Disbursements..... | 6900.00 | 8150.00 |
| 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)).. | 8250.00 | 63700.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 8250.00 | 63700.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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) | 22353.49 | 64821.95 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 22353.49 | 64821.95 |
| 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 / 47 |
| | <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 | |

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 04 / 15 / 2010 |
| | Mailing Address 128 East 15th Street | Transaction ID: 20100412-14497-23-35 |
| | 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 ▼ 242.37 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Michael B. Alexander | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 |
| | Mailing Address 128 East 15th Street | Transaction ID: 20100426-14481-23-32 |
| | 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 ▼ 242.37 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) William L. Atwell | Date of Receipt MM / DD / YYYY 04 / 01 / 2010 |
| | Mailing Address 50 South 16 Street---Apt 4008 | Transaction ID: 20100329-11710-23-35 |
| | 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 Occupation CT GENERAL LIFE INSURANCE CO President International | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1728.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 245.86 |
| 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 7 / 47
(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 L. Atwell

Mailing Address 50 South 16 Street---Apt 4008

City Philadelphia State PA Zip Code 19102

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation President International

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100412-11679-23-35

Amount of Each Receipt this Period 192.00

B.

Full Name (Last, First, Middle Initial)
William L. Atwell

Mailing Address 50 South 16 Street---Apt 4008

City Philadelphia State PA Zip Code 19102

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

Name of Employer CT GENERAL LIFE INSURANCE CO Occupation President International

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 20100426-11674-23-32

Amount of Each Receipt this Period 192.00

C.

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

Mailing Address 394 W Remington Dr

City Chandler State AZ Zip Code 85248

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation General Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.33

Date of Receipt 04 / 01 / 2010

Transaction ID: 20100329-6465-23-35

Amount of Each Receipt this Period 50.92

SUBTOTAL of Receipts This Page (optional) ► 434.92

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 8 / 47 |
| | <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)
James Austin

Mailing Address 394 W Remington Dr

City Chandler State AZ Zip Code 85248

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation General Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.33

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100412-6453-23-35

Amount of Each Receipt this Period 51.64

B.

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

Mailing Address 394 W Remington Dr

City Chandler State AZ Zip Code 85248

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

Name of Employer CIGNA HEALTHCARE OF AZ, INC Occupation General Surgeon

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 471.33

Date of Receipt 04 / 29 / 2010

Transaction ID: 20100426-6448-23-32

Amount of Each Receipt this Period 51.58

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 Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 04 / 01 / 2010

Transaction ID: 20100329-14619-23-35

Amount of Each Receipt this Period 85.00

SUBTOTAL of Receipts This Page (optional) ► **188.22**

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 9 / 47 |
| | <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) W. Barksdale | | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 | | |
| | Mailing Address 2632 Lovejoy Cir | | Transaction ID: 20100412-14580-23-35 | | |
| | City Duluth | State GA | Zip Code 30097 | Amount of Each Receipt this Period 85.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CHC Contracting and Network De | Occupation Provider Contracting Senior Director | Aggregate Year-to-Date 765.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--|---|---|--|
| B. | Full Name (Last, First, Middle Initial) W. Barksdale | | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 | | |
| | Mailing Address 2632 Lovejoy Cir | | Transaction ID: 20100426-14564-23-32 | | |
| | City Duluth | State GA | Zip Code 30097 | Amount of Each Receipt this Period 85.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer CHC Contracting and Network De | Occupation Provider Contracting Senior Director | Aggregate Year-to-Date 765.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|--|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Stephanie Bellamy | | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 | | |
| | Mailing Address 7260 Wissahickon Avenue | | Transaction ID: 20100426-3624-23-32 | | |
| | City Philadelphia | State PA | Zip Code 19119 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer FIN Corp Development | Occupation Financial Analysis Senior Director | Aggregate Year-to-Date 225.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|--------|
| 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: (check only one) | PAGE 10 / 47 |
| | <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) Kim Bimestefer | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 |
| | Mailing Address 11 Colts Run Rd | Transaction ID: 20100426-10186-23-32 |
| | City State Zip Code Princeton NJ 08540 | 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 General Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Brett C. Browchuk | Date of Receipt MM / DD / YYYY 04 / 01 / 2010 |
| | Mailing Address 385 Deercliff Road | Transaction ID: 20100329-16683-23-35 |
| | 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 ▼ 864.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Brett C. Browchuk | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 385 Deercliff Road | Transaction ID: 20100412-16634-23-35 |
| | 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 ▼ 864.00 | |

| | |
|--|---------------|
| 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 11 / 47
(check only one)

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

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

A.

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

Mailing Address 385 Deercliff Road

City Avon State CT Zip Code 06001

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

Name of Employer CIGNA Corporation Occupation Svp Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt: 04 / 29 / 2010
Transaction ID: 20100426-16607-23-32
 Amount of Each Receipt this Period: 96.00

B.

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 Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.60

Date of Receipt: 04 / 01 / 2010
Transaction ID: 20100329-5262-23-35
 Amount of Each Receipt this Period: 248.46

C.

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 Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.60

Date of Receipt: 04 / 15 / 2010
Transaction ID: 20100412-5251-23-35
 Amount of Each Receipt this Period: 9.67

SUBTOTAL of Receipts This Page (optional) ► **354.13**

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 / 47
(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 |
| | | | | | | | 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)
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 Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 664.60

Date of Receipt 04 / 29 / 2010

Transaction ID: 20100426-5248-23-32

Amount of Each Receipt this Period 254.52

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 Vice President Bfo International

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt 04 / 01 / 2010

Transaction ID: 20100329-16329-23-35

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 Vice President Bfo International

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100412-16281-23-35

Amount of Each Receipt this Period 29.00

SUBTOTAL of Receipts This Page (optional) ► 312.52

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 47
(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)
Timothy D. Buckley

Mailing Address 611 Shipton Lane

City State Zip Code
Bryn Mawr PA 19010

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

Name of Employer Occupation
CIGNA Internation Vice President Bfo International

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-16255-23-32

Amount of Each Receipt this Period
29.00

B. Full Name (Last, First, Middle Initial)
William C. Carlson

Mailing Address 70 Waterside Lane

City State Zip Code
West Hartford CT 06107

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-801-23-32

Amount of Each Receipt this Period
25.00

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

Mailing Address 2 Reed Hill Rd

City State Zip Code
Granby CT 06035

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

Name of Employer Occupation
CIGNA CORPORATION Vice President Coli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: 20100329-429-23-35

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional) ► 144.00

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 14 / 47
(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)
Robert F. Clark

Mailing Address 2 Reed Hill Rd

City State Zip Code
Granby CT 06035

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

Name of Employer Occupation
CIGNA CORPORATION Vice President Coli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100412-428-23-35

Amount of Each Receipt this Period
90.00

B.

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

Mailing Address 2 Reed Hill Rd

City State Zip Code
Granby CT 06035

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

Name of Employer Occupation
CIGNA CORPORATION Vice President Coli

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-429-23-32

Amount of Each Receipt this Period
90.00

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 Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1395.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: 20100329-523-23-35

Amount of Each Receipt this Period
155.00

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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 15 / 47
(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)
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 President and Chief Executive Officer
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1395.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100412-522-23-35

Amount of Each Receipt this Period
155.00

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 President and Chief Executive Officer
CO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1395.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-523-23-32

Amount of Each Receipt this Period
155.00

C. 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 ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-10021-23-32

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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 16 / 47

(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)
Johannes M. De Jong

Mailing Address 6122 Mccallum St

City State Zip Code
Philadelphia PA 19144

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

Name of Employer Occupation
CIGNA CORPORATION Vice President Chief Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-257-23-32

Amount of Each Receipt this Period
25.00

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 ▼ 293.17

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-32-23-32

Amount of Each Receipt this Period
233.71

C.

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

Mailing Address 5 Brighton Ln

City State Zip Code
Simsbury CT 06070

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 810.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: 20100329-1013-23-35

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)

348.71

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 17 / 47 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Richard H. Forde | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 5 Brighton Ln | Transaction ID: 20100412-1011-23-35 |
| | City State Zip Code Simsbury CT 06070 | Amount of Each Receipt this Period 90.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Svp Chief Investment Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 810.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Richard H. Forde | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 |
| | Mailing Address 5 Brighton Ln | Transaction ID: 20100426-1011-23-32 |
| | City State Zip Code Simsbury CT 06070 | Amount of Each Receipt this Period 90.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Svp Chief Investment Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 810.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) David J. Giannoni | Date of Receipt MM / DD / YYYY 04 / 01 / 2010 |
| | Mailing Address 2030 James Farm Rd | Transaction ID: 20100329-4718-23-35 |
| | City State Zip Code Stratford CT 06614 | Amount of Each Receipt this Period 320.33 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | Occupation Senior Account Manager | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 377.85 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 500.33 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 47
(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 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 ▼ 377.85

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100412-4709-23-35

Amount of Each Receipt this Period
6.79

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 ▼ 377.85

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-4706-23-32

Amount of Each Receipt this Period
6.79

C.

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 Association Chief Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-3454-23-32

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **38.58**

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 19 / 47 |
| | <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 Gray | | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 |
| Mailing Address 138 Ballard Dr | | Transaction ID: 20100426-2234-23-32 |
| City West Hartford | State CT | Zip Code 06119 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer CIGNA CORPORATION | Occupation Strat and Business Develop Senior Dire | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Douglas R. Hadley | | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 |
| Mailing Address 126 Hopmeadow Street | | Transaction ID: 20100426-7626-23-32 |
| City Weatogue | State CT | Zip Code 06089 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer INT'L REHAB. ASSOCIATES, INC. | Occupation Medical Officer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

C.

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) G. Hoagland | | Date of Receipt MM / DD / YYYY 04 / 01 / 2010 |
| Mailing Address 10012 Rough Run Court | | Transaction ID: 20100329-16633-23-35 |
| City Fairfax | State VA | Zip Code 22039 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 70.00 |
| Name of Employer L&PA CIGNA-General Counsel | Occupation Vice President Government Affairs | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 630.00 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 120.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 47
(check only one)

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

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

A.

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

Mailing Address 10012 Rough Run Court

City State Zip Code
Fairfax VA 22039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100412-16584-23-35

Amount of Each Receipt this Period
70.00

B.

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

Mailing Address 10012 Rough Run Court

City State Zip Code
Fairfax VA 22039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-16558-23-32

Amount of Each Receipt this Period
70.00

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 LIFE INS. CO. OF NORTH AMERICA Occupation Underwriting Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-136-23-32

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **165.00**

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 / 47
(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 S. Jameson

Mailing Address 690 Bradford St

City Pasadena State CA Zip Code 91105

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

Name of Employer CT GENERAL LIFE INSURANCE CO
Occupation Association Chief Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-7808-23-32
Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 403 Tramore Dr

City Chapel Hill State NC Zip Code 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 ▼ 225.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-8464-23-32
Amount of Each Receipt this Period 25.00

C.

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 Vice President Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 01 / 2010
Transaction ID: 20100329-11342-23-35
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 / 47
(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 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 Vice President Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100412-11313-23-35

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 Vice President Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 20100426-11307-23-32

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 ▼ 450.00

Date of Receipt 04 / 01 / 2010

Transaction ID: 20100329-8013-23-35

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: (check only one) | PAGE 23 / 47 |
| | <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) Benjamin W. Katz | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 3603a Happy Valley Rd | Transaction ID: 20100412-7994-23-35 |
| | City State Zip Code Lafayette CA 94549 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CIGNA HEALTHCARE OF CA, INC. Provider Contracting Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Benjamin W. Katz | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 |
| | Mailing Address 3603a Happy Valley Rd | Transaction ID: 20100426-7987-23-32 |
| | City State Zip Code Lafayette CA 94549 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation CIGNA HEALTHCARE OF CA, INC. Provider Contracting Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Mark P. Marsters | Date of Receipt MM / DD / YYYY 04 / 01 / 2010 |
| | Mailing Address 13 Devonshire Ln | Transaction ID: 20100329-12429-23-35 |
| | City State Zip Code Malvern PA 19355 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation LIFE INS. CO. OF NORTH AMERICA Vice President Service Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 150.00 |
| 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 24 / 47
(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)
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 Vice President Service Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100412-12393-23-35

Amount of Each Receipt this Period 50.00

B. 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 Vice President Service Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 20100426-12382-23-32

Amount of Each Receipt this Period 50.00

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 ▼ 225.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 20100426-11988-23-32

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 / 47
(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)
John M. Murabito
Mailing Address 105 Mill View Ln
City Newtown Square State PA Zip Code 19073
FEC ID number of contributing federal political committee. **C**
Name of Employer CIGNA CORPORATION Occupation E.V.P. Human Resources & Services
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 04 / 01 / 2010
Transaction ID: 20100329-12794-23-35
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
John M. Murabito
Mailing Address 105 Mill View Ln
City Newtown Square State PA Zip Code 19073
FEC ID number of contributing federal political committee. **C**
Name of Employer CIGNA CORPORATION Occupation E.V.P. Human Resources & Services
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 04 / 15 / 2010
Transaction ID: 20100412-12758-23-35
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
John M. Murabito
Mailing Address 105 Mill View Ln
City Newtown Square State PA Zip Code 19073
FEC ID number of contributing federal political committee. **C**
Name of Employer CIGNA CORPORATION Occupation E.V.P. Human Resources & Services
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00
Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-12748-23-32
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 300.00
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 26 / 47 |
| | <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 Nicoll | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 4 Bayview Dr | Transaction ID: 20100412-2281-23-35 |
| | City State Zip Code Plainview NY 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 ▼ 242.37 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Daniel Nicoll | Date of Receipt MM / DD / YYYY 04 / 29 / 2010 |
| | Mailing Address 4 Bayview Dr | Transaction ID: 20100426-2280-23-32 |
| | City State Zip Code Plainview NY 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 ▼ 242.37 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) John Oates | Date of Receipt MM / DD / YYYY 04 / 01 / 2010 |
| | Mailing Address 2101 Sea Eagle View | Transaction ID: 20100329-16002-23-35 |
| | 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 ▼ 415.35 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 100.01 |
| 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 / 47
(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 Oates

Mailing Address 2101 Sea Eagle View

City Austin State TX Zip Code 78738

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 ▼ 415.35

Date of Receipt: 04 / 15 / 2010
Transaction ID: 20100412-15956-23-35
Amount of Each Receipt this Period: 46.15

B.

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

Mailing Address 2101 Sea Eagle View

City Austin State TX Zip Code 78738

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 ▼ 415.35

Date of Receipt: 04 / 29 / 2010
Transaction ID: 20100426-15931-23-32
Amount of Each Receipt this Period: 46.15

C.

Full Name (Last, First, Middle Initial)
Charlene Parsons

Mailing Address 1179 Colts Ln

City Yardley State PA Zip Code 19067

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

Name of Employer CIGNA CORPORATION Occupation Vice President Talent Optimization

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 04 / 01 / 2010
Transaction ID: 20100329-13270-23-35
Amount of Each Receipt this Period: 90.00

SUBTOTAL of Receipts This Page (optional) ► 182.30

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 28 / 47
(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)
Charlene Parsons

Mailing Address 1179 Colts Ln

City Yardley State PA Zip Code 19067

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

Name of Employer CIGNA CORPORATION Occupation Vice President Talent Optimization

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 04 / 15 / 2010
Transaction ID: 20100412-13237-23-35
 Amount of Each Receipt this Period: 90.00

B.

Full Name (Last, First, Middle Initial)
Charlene Parsons

Mailing Address 1179 Colts Ln

City Yardley State PA Zip Code 19067

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

Name of Employer CIGNA CORPORATION Occupation Vice President Talent Optimization

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 04 / 29 / 2010
Transaction ID: 20100426-13224-23-32
 Amount of Each Receipt this Period: 90.00

C.

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 ▼ 360.00

Date of Receipt: 04 / 01 / 2010
Transaction ID: 20100329-510-23-35
 Amount of Each Receipt this Period: 40.00

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

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

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

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

FOR LINE NUMBER: PAGE 29 / 47

(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 State Zip Code
Avon CT 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 ▼
360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 5 | | 2 | 0 | 1 | 0 |

Transaction ID: 20100412-509-23-35

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

B.

Full Name (Last, First, Middle Initial)
Mark A. Parsons

Mailing Address 4 Thistle Hollow

City State Zip Code
Avon CT 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 ▼
360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 2 | 9 | | 2 | 0 | 1 | 0 |

Transaction ID: 20100426-510-23-32

Amount of Each Receipt this Period

| |
|-------|
| 40.00 |
|-------|

C.

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

Mailing Address 210 W. Washington Square -10SW

City State Zip Code
Philadelphia PA 19106-3581

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

Name of Employer
ADM CEO Staff

Occupation
E.V.P. Genl Counsel & Pub Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1728.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 0 |

Transaction ID: 20100329-15548-23-35

Amount of Each Receipt this Period

| |
|--------|
| 192.00 |
|--------|

SUBTOTAL of Receipts This Page (optional) ▶

| |
|--------|
| 272.00 |
|--------|

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 30 / 47
(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)
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 E.V.P. Genl Counsel & Pub Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 04 / 15 / 2010
Transaction ID: 20100412-15505-23-35
Amount of Each Receipt this Period 192.00

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 E.V.P. Genl Counsel & Pub Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1728.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-15482-23-32
Amount of Each Receipt this Period 192.00

C.

Full Name (Last, First, Middle Initial)
Jodi Prohovsky

Mailing Address 360 W Point Rd

City Tonka Bay State MN Zip Code 55331

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

Name of Employer CIGNA BEHAVIORAL HEALTH, INC. Occupation General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-2000-23-32
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ **409.00**

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 31 / 47 |
| | <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 04 / 29 / 2010 |
| | Mailing Address 3 Scarborough Farms Rd | Transaction ID: 20100426-728-23-32 |
| | 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 Vice President United States Products | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Michael J. Ross | Date of Receipt MM / DD / YYYY 04 / 01 / 2010 |
| | Mailing Address 147 Old Gulph Rd | Transaction ID: 20100329-11552-23-35 |
| | 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 LIFE INS. CO. OF NORTH AMERICA | Occupation Vice President Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 864.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Michael J. Ross | Date of Receipt MM / DD / YYYY 04 / 15 / 2010 |
| | Mailing Address 147 Old Gulph Rd | Transaction ID: 20100412-11521-23-35 |
| | 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 LIFE INS. CO. OF NORTH AMERICA | Occupation Vice President Marketing | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 864.00 | |

| | |
|--|---------------|
| 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 32 / 47
(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. Ross

Mailing Address 147 Old Gulph Rd

City Wynnewood State PA Zip Code 19096

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 864.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-11515-23-32

Amount of Each Receipt this Period 96.00

B.

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

Mailing Address 5 Hawks Rdg

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 Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 01 / 2010
Transaction ID: 20100329-2167-23-35

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 5 Hawks Rdg

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 Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 04 / 15 / 2010
Transaction ID: 20100412-2164-23-35

Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 156.00

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 33 / 47 |
| | <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 | |
| | Mailing Address 5 Hawks Rdg | | M M / D D / Y Y Y Y 04 / 29 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100426-2163-23-32 |
| | Avon | CT | 06001 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 30.00 |
| 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 ▼ | | |
| | | 270.00 | | |

| | | | | |
|---|---|---|---------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Frank Sataline | | Date of Receipt | |
| | Mailing Address 18 Wyndham Ln | | M M / D D / Y Y Y Y 04 / 01 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100329-511-23-35 |
| | Farmington | CT | 06032 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 85.00 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Vice President Senior Managing Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 765.00 | | |

| | | | | |
|---|---|---|---------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Frank Sataline | | Date of Receipt | |
| | Mailing Address 18 Wyndham Ln | | M M / D D / Y Y Y Y 04 / 15 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100412-510-23-35 |
| | Farmington | CT | 06032 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | | 85.00 |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Vice President Senior Managing Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 765.00 | | |

| | | |
|--|---|--------|
| 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: PAGE 34 / 47
(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)
Frank Sataline

Mailing Address 18 Wyndham Ln

City Farmington State CT Zip Code 06032

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-511-23-32
Amount of Each Receipt this Period 85.00

B.

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

Mailing Address 91 Trumbull Ln

City South Windsor State CT Zip Code 06074

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

Name of Employer CIGNA CORPORATION Occupation Compliance Senior Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 20100426-685-23-32
Amount of Each Receipt this Period 25.00

C.

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

Mailing Address 269 Sunnybrook Rd

City Springfield State PA Zip Code 19064

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 01 / 2010
Transaction ID: 20100329-8773-23-35
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 35 / 47
(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)
William J. Smith

Mailing Address 269 Sunnybrook Rd

City Springfield State PA Zip Code 19064

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 15 / 2010

Transaction ID: 20100412-8753-23-35

Amount of Each Receipt this Period 50.00

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

Mailing Address 269 Sunnybrook Rd

City Springfield State PA Zip Code 19064

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 29 / 2010

Transaction ID: 20100426-8747-23-32

Amount of Each Receipt this Period 50.00

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

Mailing Address 4144 Central Ave

City Indianapolis State IN Zip Code 46205

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.59

Date of Receipt 04 / 01 / 2010

Transaction ID: 20100329-4802-23-35

Amount of Each Receipt this Period 198.15

SUBTOTAL of Receipts This Page (optional) ► 298.15

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 36 / 47 |
| | <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) Jennifer Stepp | | Date of Receipt | |
| | Mailing Address 4144 Central Ave | | M M / D D / Y Y Y Y 04 / 15 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100412-4793-23-35 |
| | Indianapolis | IN | 46205 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | 6.31 | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Senior Account Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 249.59 | | |

| | | | | |
|---|---|--------------------------------------|---------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Jennifer Stepp | | Date of Receipt | |
| | Mailing Address 4144 Central Ave | | M M / D D / Y Y Y Y 04 / 29 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100426-4790-23-32 |
| | Indianapolis | IN | 46205 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | 6.94 | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Senior Account Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 249.59 | | |

| | | | | |
|---|--|--|---------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Jeffrey Thackeray | | Date of Receipt | |
| | Mailing Address 1334 Holly Hill Drive | | M M / D D / Y Y Y Y 04 / 29 / 2010 | |
| | City | State | Zip Code | Transaction ID: 20100426-229-23-32 |
| | Franklin | TN | 37064 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | C | 248.89 | |
| Name of Employer CT GENERAL LIFE INSURANCE CO | | Occupation Manager Account Management | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 328.88 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 262.14 |
| 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 / 47
(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)
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
CT GENERAL LIFE INSURANCE
CO

Occupation
Provider Contracting Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.37

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: 20100329-8798-23-35

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
CT GENERAL LIFE INSURANCE
CO

Occupation
Provider Contracting Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.37

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100412-8776-23-35

Amount of Each Receipt this Period
29.93

C.

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
CT GENERAL LIFE INSURANCE
CO

Occupation
Provider Contracting Senior Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.37

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-8770-23-32

Amount of Each Receipt this Period
29.93

SUBTOTAL of Receipts This Page (optional) ► **89.79**

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 38 / 47
(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 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 AM- Senior Account Manager
ERICA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 314.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 1 / 2 0 1 0

Transaction ID: 20100329-5218-23-35

Amount of Each Receipt this Period
16.46

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 AM- Senior Account Manager
ERICA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 314.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 20100412-5207-23-35

Amount of Each Receipt this Period
56.75

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 AM- Senior Account Manager
ERICA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 314.90

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 20100426-5204-23-32

Amount of Each Receipt this Period
16.46

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 89.67 |
| TOTAL This Period (last page this line number only) | 7565.33 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 47
(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)
Friends of Chris Dodd

Mailing Address PO Box 270701

City State Zip Code
West Hartford CT 06127

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 7EE8240144F644C1B7E

Amount of Each Receipt this Period
2000.00

Refund

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2000.00 |
| TOTAL This Period (last page this line number only) | 2000.00 |

**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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Allyson Schwartz for Congress <hr/> Mailing Address PO Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 38B966F90F5B5940D60 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 100.00 |
| B. | Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee <hr/> Mailing Address PO Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement Voided 11/3/09 Disbursement Candidate Name Bart Gordon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 9F5E066E06BD75A0077 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period -2000.00 |
| C. | Full Name (Last, First, Middle Initial) Dan Coats for Indiana <hr/> Mailing Address PO Box 301141 <hr/> City Indianapolis State IN Zip Code 46230 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Daniel R. Coats <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 6F11286845B1012C4C5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2000.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

100.00

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 41 / 47

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

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

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) Friends of John McCain Inc Mailing Address PO Box 16664 City Arlington State VA Zip Code 22215 Purpose of Disbursement 2010 General Candidate Name John McCain Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 04AB86AA9A85F6ECC7B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 250.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte Mailing Address PO Box 233 City Nashua State NH Zip Code 03061 Purpose of Disbursement 2010 General Candidate Name Kelly A. Ayotte Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 429AD228549FB895404 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 |
| | 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) ▼ |
| C. Full Name (Last, First, Middle Initial) Voinovich for Senate Committee Mailing Address 9856 Archer Lane City Dublin State OH Zip Code 43017 Purpose of Disbursement Voided 1/28/09 Disbursement Candidate Name George V. Voinovich Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 515B83AF7F1F89A6049 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period -1000.00 |
| | Category/ Type 011 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1250.00

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

1350.00

**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 42 / 47

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Brian McCall Campaign</p> <p>Mailing Address 2301 West Plano Parkway Suite 150</p> <p>City Plano State TX Zip Code 75075</p> <p>Purpose of Disbursement Voided 11/3/09 Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: AB0644567FF4CF48D8A</p> <p>Date of Disbursement 04 / 26 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Citizens for Bill Brady</p> <p>Mailing Address Post Office Box 5314</p> <p>City Bloomington State IL Zip Code 61702-5314</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 7F4373D4FECD026BB9B</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Citizens for Burzynski</p> <p>Mailing Address 10256 East Branch Road</p> <p>City Rochelle State IL Zip Code 61068-8922</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: 0258B5BC5359483674E</p> <p>Date of Disbursement 04 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p> |

| | |
|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>-500.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

**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 43 / 47

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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) Citizens for Colvin <hr/> Mailing Address 8539 South Cottage Grove Avenue <hr/> City Chicago State IL Zip Code 60619-6115 <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: E6C6B818504A58F75BF Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 200.00 |
| | Category/ Type 011 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Citizens for Jim Watson <hr/> Mailing Address Post Office Box 783 <hr/> City Jacksonville State IL Zip Code 62651-0783 <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: B79DA926A9FF56E9B39 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 200.00 |
| | Category/ Type 011 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Citizens for JoAnn Osmond <hr/> Mailing Address Post Office Box 635 <hr/> City Amtopcj State IL Zip Code 60002-0635 <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: FD685C4A9EDE49454C4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 200.00 |
| | Category/ Type 011 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

600.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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) Committee for Frank J. Mautino <hr/> Mailing Address PO Box 36 <hr/> City Spring Valley State IL Zip Code 61362 <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: BF3A770593C888B5265 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 300.00 |
| | 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) Friends of Bill Haine <hr/> Mailing Address Post Office Box 67 <hr/> City Alton State IL Zip Code 62006-0067 <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: 1A08280427239930A24 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 300.00 |
| | 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) Friends of Chapin Rose <hr/> Mailing Address Post Office Box 435 <hr/> City Charleston State IL Zip Code 61920-0435 <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: 93CAB881F4CB33CDA8B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 200.00 |
| | 011 Category/ Type |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

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| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input 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) Friends of Dennis Ferguson <hr/> Mailing Address 2851 Roane State Highay <hr/> City State Zip Code Harriman TN 37748 <hr/> Purpose of Disbursement Voided 12/29/09 Disbursement 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: CA3EA53A9433588F3CC Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period -200.00 |
| | Category/ Type 011 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) Friends of Michael J. Madigan <hr/> Mailing Address PO Box 3188 <hr/> City State Zip Code Chicago IL 60654 <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: 30B36011594AD09FB5F Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2000.00 |
| | Category/ Type 011 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) Friends of Mike Jacobs <hr/> Mailing Address Post Office Boxc 95 <hr/> City State Zip Code Hampton IL 61256-0095 <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: 4918B1CB31EB852132D Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 200.00 |
| | Category/ Type 011 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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 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) House Republican Organization Mailing Address Post Office Box 409 City Springfield State IL Zip Code 62791 Purpose of Disbursement Nonfederal Contribution Candidate Name 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: BFE0C412D1CFB58FBD4 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 Amount of Each Disbursement this Period 2000.00 011 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Kip Averitt Campaign Mailing Address PO Box 20683 City Waco State TX Zip Code 76702 Purpose of Disbursement Voided 11/3/09 Disbursement Candidate Name 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: 1AF44C4555C5DA801C5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 1 0 Amount of Each Disbursement this Period -2000.00 011 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Republican State Senate Campaign Committee Mailing Address PO Box 3422 City Springfield State IL Zip Code 62708 Purpose of Disbursement Nonfederal Contribution Candidate Name 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: B18FD3659047509756B Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0 Amount of Each Disbursement this Period 2000.00 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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 47 / 47

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <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)
Senate Democratic Victory Fund

Transaction ID: E67789DD20A05DA07CE

Date of Disbursement

Mailing Address 29 South LaSalle Street
Suite 936

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 1 | 6 | | 2 | 0 | 1 | 0 |

City Chicago State IL Zip Code 60603

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Purpose of Disbursement
Nonfederal Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

| |
|---------|
| 2000.00 |
|---------|

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

| |
|---------|
| 6900.00 |
|---------|