01/29/2004 14 : 42

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

CIGNA Corporation Political Action Committee

ADDRESS (number and street)

2001 Pennsylvania Ave. NW

X (Check if address is changed)

Suite 350

Washington | DC | 20006 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

cignapac@cigna.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-296-2521

2. DATE M M D D Y Y Y Y 01 29 2004

3. **FEC IDENTIFICATION NUMBER** **C C00085316**

4. IS THIS STATEMENT NEW (N) **OR** X AMENDED (A)

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

Type or Print Name of Treasurer Mordecai Schwartz

Signature of Treasurer Electronically Filed by **Mordecai Schwartz** Date M M D D Y Y Y Y 01 29 2004

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

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

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

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

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

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

Name of Candidate

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

(e) X This committee is a separate segregated fund

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

6. Name of Any Connected Organization or Affiliated Committee

CIGNA Corporation

Mailing Address 2001 Pennsylvania Ave., NW

Suite 350

Washington DC 20006 -

CITY▲ STATE▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

CIGNA Corporation Political Action Committee

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

Full Name: Kristin Julason

Mailing Address: 2001 Pennsylvania Ave., NW
Suite 350
Washington DC 20006 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Vice Pres.

Telephone number 202 – 775 – 2685

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

Full Name of Treasurer: Mordecai Schwartz

Mailing Address: One Liberty Place-OL56C
1650 Market Street
Philadelphia PA 19192 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

Telephone number 215 – 761 – 6222

Full Name of Designated Agent: David Porcello

Mailing Address: CIGNA Corporation
900 Cottage Grove Rd. - S258
Hartford CT 96152 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer

Telephone number 860 – 226 – 4602

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

Name of Bank, Depository, etc.

PNC Bank

Mailing Address

P.O. Box 7468

Philadelphia PA 19101 –

CITY △ STATE △ ZIP CODE △