

NATURE OF THE ACTION

1. This is a federal securities class action on behalf of a class consisting of all persons other than Defendants who purchased or otherwise acquired Cigna securities between February 27, 2014 and January 21, 2016, both dates inclusive (the “Class Period”), seeking to recover damages caused by Defendants’ violations of the federal securities laws and to pursue remedies under Sections 10(b) and 20(a) of the Securities Exchange Act of 1934 (the “Exchange Act”) and Rule 10b-5 promulgated thereunder, against the Company and certain of its top officials.

2. Cigna, a health services organization, provides insurance and related products and services in the United States and internationally. The Company distributes its products and services through insurance brokers and insurance consultants or directly to employers, unions, and other groups, as well as through the direct response television and the Internet.

3. Cigna was founded in 1792 as the Insurance Company of North America and is headquartered in Bloomfield, Connecticut. The Company’s shares trade on the NYSE under the ticker symbol “CI.”

4. Throughout the Class Period, Defendants made materially false and misleading statements regarding the Company’s business, operational and compliance policies. Specifically, Defendants made false and/or misleading statements and/or failed to disclose that: (i) Cigna’s appeals and grievances procedures were not in compliance with federal standards; (ii) Cigna’s noncompliance with federal standards posed a serious threat to the health and safety of Medicare beneficiaries; and (iii) as a result of the foregoing, Cigna’s public statements were materially false and misleading at all relevant times.

5. On January 22, 2016, pre-market, filed a Form 8-K with the SEC (the January 22, 2016 8-K”), disclosing, in relevant part:

On January 21, 2016, Cigna Corporation ("Cigna") was notified by the Centers for Medicare & Medicaid Services ("CMS") of its intent to impose intermediate sanctions suspending the enrollment of and marketing to new customers of all Cigna Medicare Advantage and Standalone Prescription Drug Plan Contracts, effective at 11:59 p.m. on January 21, 2016. The suspension does not impact current Cigna Medicare Advantage and Medicare Part D enrollees' benefits or plans.

CMS imposed sanctions due to deficiencies discovered with Cigna's operations of its Parts C and D appeals and grievances, Part D formulary and benefit administration, and compliance program. Cigna is working to resolve these matters as quickly as possible and is cooperating fully with CMS on its review. Cigna is committed to its customers and ensuring that its customers have access to the quality healthcare, customer service and prescription drugs that they need.

6. The Department of Health & Human Services Centers for Medicare & Medicare Services ("CMS") enforcement letter referenced in the Company's January 22, 2016 10-K (the "CMS Enforcement Letter") described "a history of non-compliance" by Cigna dating back to at least as early as 2013 and stated, in part:

Pursuant to 42 C.F.R. §§ 422.756 and 423.756, the Centers for Medicare & Medicaid Services (CMS) is providing notice . . . that CMS has made a determination to impose intermediate sanctions on the following Medicare Advantage-Prescription Drug and Prescription Drug Plan Contract Numbers: H0150, H0354, H0439, H1415, H2108, H2165, H2676, H3945, H3949, H4407, H4454, H4513, H4528, H5410, H6751, H6972, H7020, H7787, H8423, H9460, H9725, and S5617.

These intermediate sanctions will consist of the suspension of enrollment of Medicare beneficiaries into Cigna's contracts . . . and the suspension of all marketing activities to Medicare beneficiaries ***CMS is imposing these intermediate sanctions immediately, effective January 21, 2016, at 11:59 p.m. EST, . . . because it has determined that Cigna's conduct poses a serious threat to the health and safety of Medicare beneficiaries. . . .***

A Medicare Advantage organization and Prescription Drug Plan sponsor's central mission is to provide Medicare enrollees with medical services and prescription drug benefits within a framework of Medicare requirements that provide enrollees with a number of protections. ***CMS has determined that Cigna substantially failed to provide its enrollees with services and benefits in accordance with CMS requirements.***

(Emphases added.)

7. On this news, Cigna stock fell from \$140.13 on Thursday, January 21, 2016 to close at \$135.85 on Monday, January 25, 2016, a two-day drop of \$4.28.

8. As a result of Defendants' wrongful acts and omissions, and the precipitous decline in the market value of the Company's securities, Plaintiff and other Class members have suffered significant losses and damages.

JURISDICTION AND VENUE

9. The claims asserted herein arise under and pursuant to §§10(b) and 20(a) of the Exchange Act (15 U.S.C. §§78j(b) and 78t(a)) and Rule 10b-5 promulgated thereunder by the SEC (17 C.F.R. §240.10b-5).

10. This Court has jurisdiction over the subject matter of this action pursuant to 28 U.S.C. §§ 1331 and 1337, and Section 27 of the Exchange Act, 15 U.S.C. § 78aa.

11. Venue is proper in this Judicial District pursuant to § 27 of the Exchange Act and 28 U.S.C. §1391(b), as the Company maintains its principal executive offices in this District.

12. In connection with the acts, conduct and other wrongs alleged in this Complaint, Defendants, directly or indirectly, used the means and instrumentalities of interstate commerce, including but not limited to, the United States mail, interstate telephone communications and the facilities of the national securities exchange.

PARTIES

13. Plaintiff, as set forth in the attached Certification, acquired Cigna securities at artificially inflated prices during the Class Period and was damaged upon the revelation of the alleged corrective disclosures.

14. Defendant Cigna is incorporated in Delaware, and the Company's principal executive offices are located at 900 Cottage Grove Road, Bloomfield, Connecticut 06002. Cigna's common stock trades on the NYSE under the ticker symbol "CI."

15. Defendant David M. Cordani (“Cordani”) has served at all relevant times as the Company’s Chief Executive Officer, President and Director.

16. Defendant Thomas A. McCarthy (“McCarthy”) has served at all relevant times as the Company’s Chief Financial Officer and Executive Vice President.

17. The Defendants described in ¶¶ 15-16 are sometimes hereinafter collectively referred to as the “Individual Defendants.”

SUBSTANTIVE ALLEGATIONS

Background

18. Cigna, a health services organization, provides insurance and related products and services in the United States and internationally. The Company distributes its products and services through insurance brokers and insurance consultants or directly to employers, unions, and other groups, as well as through the direct response television and the Internet.

19. Cigna was founded in 1792 as the Insurance Company of North America and is headquartered in Bloomfield, Connecticut. The Company’s shares trade on the NYSE under the ticker symbol “CI.”

Materially False and Misleading Statements Issued During the Class Period

20. The Class Period begins on February 27, 2014, when Cigna filed an annual report on Form 10-K with the SEC announcing the Company’s financial and operating results for the quarter and year ended December 31, 2013 (the “2013 10-K”). For the quarter, Cigna reported net income of \$361 million, or \$1.29 per diluted share, on revenue of \$8.13 billion, compared to net income of \$406 million, or \$1.41 per diluted share, on revenue of \$7.61 billion for the same period in the prior year. For 2013, Cigna reported net income of \$1.48 billion, or \$5.18 per diluted share, on revenue of \$32.17 billion, compared to net income of \$1.62 billion, or \$5.61 per diluted share, on revenue of \$29.08 billion for 2012.

21. In the 2013 10-K, Cigna stated, in part:

Government Health Plans

Medicare Advantage

We offer Medicare Advantage plans in 15 states and the District of Columbia through Cigna-HealthSpring. Under a Medicare Advantage plan, Medicare-eligible beneficiaries may receive health care benefits, including prescription drugs, through a managed care health plan such as our coordinated care plans. A significant portion of our Medicare Advantage customers receive medical care from our innovative plan models that focus on developing highly engaged physician networks, aligning payment incentives to improved health outcomes, and using timely and transparent data sharing. We are focused on continuing to expand these models in the future.

...

Regulation

The laws and regulations governing our business continue to increase each year and are subject to frequent change. ***We have established policies and procedures to comply with applicable requirements.***

...

Our operations, accounts and other books and records are subject to examination at regular intervals by regulatory agencies, including state insurance and health and welfare departments, state boards of pharmacy and the Centers for Medicare and Medicaid Services ("CMS") to assess compliance with applicable laws and regulations. In addition, our current and past business practices are subject to review by, and from time to time we receive subpoenas and other requests of information from, various state insurance and health care regulatory authorities, attorneys general, the Office of Inspector General, and other state and federal authorities, including inquiries by, and testimony before committees and subcommittees of the U.S. Congress regarding certain of its business practices. These examinations, reviews, subpoenas and requests may result in changes to or clarifications of our business practices, as well as fines, penalties or other sanctions.

(Emphasis added.)

...

Legal and Regulatory Matters

[T]here is heightened review by federal and state regulators of the health care, disability and life insurance industry business and related reporting practices. Cigna

is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services ("CMS") and the Office of Inspector General ("OIG"). With respect to Cigna's Medicare Advantage business, CMS and OIG perform audits to determine a health plan's compliance with federal regulations and contractual obligations, including compliance with proper coding practices . . . that may result in retrospective adjustments to payments made to health plans. Regulatory actions can result in assessments, civil or criminal fines or penalties or other sanctions, including loss of licensing or exclusion from participation in government programs.

22. The 2013 10-K contained signed certifications pursuant to the Sarbanes-Oxley Act of 2002 ("SOX") by the Individual Defendants, stating that the financial information contained in the 2013 10-K was accurate and disclosed any material changes to the Company's internal control over financial reporting.

23. On May 1, 2014, Cigna filed a quarterly report on Form 10-Q with the SEC announcing the Company's financial and operating results for the quarter ended March 31, 2014 (the "Q1 2014 10-Q"). For the quarter, Cigna reported net income of \$528 million, or \$1.92 per diluted share, on revenue of \$8.54 billion, compared to net income of \$57 million, or \$0.20 per diluted share, on revenue of \$8.04 billion for the same period in the prior year.

24. In the Q1 2014 10-Q, Cigna stated, in part:

Cigna is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services ("CMS") and the Office of Inspector General ("OIG").

25. The Q1 2014 10-Q contained signed certifications pursuant to SOX by the Individual Defendants, stating that the financial information contained in the Q1 2014 10-Q was accurate and disclosed any material changes to the Company's internal control over financial reporting.

26. On July 31, 2014, Cigna filed a quarterly report on Form 10-Q with the SEC announcing the Company's financial and operating results for the quarter June 30, 2014 (the "Q2 2014 10-Q"). For the quarter, Cigna reported net income of \$573 million, or \$2.12 per diluted share, on revenue of \$8.67 billion, compared to net income of \$505 million, or \$1.76 per diluted share, on revenue of \$7.95 billion for the same period in the prior year.

27. In the Q2 2014 10-Q, Cigna stated, in part:

Cigna is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services ("CMS") and the Office of Inspector General ("OIG").

28. The Q2 2014 10-Q contained signed certifications pursuant to SOX by the Individual Defendants, stating that the financial information contained in the Q2 2014 10-Q was accurate and disclosed any material changes to the Company's internal control over financial reporting.

29. On October 30, 2014, Cigna filed a quarterly report on Form 10-Q with the SEC announcing the Company's financial and operating results for the quarter ended September 30, 2014 (the "Q3 2014 10-Q"). For the quarter, Cigna reported net income of \$534 million, or \$2.01 per diluted share, on revenue of \$8.76 billion, compared to net income of \$553 million, or \$1.95 per diluted share, on revenue of \$8.04 billion for the same period in the prior year.

30. In the Q3 2014 10-Q, Cigna stated, in part:

Cigna is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services ("CMS") and the Office of Inspector General ("OIG").

31. The Q3 2014 10-Q contained signed certifications pursuant to SOX by the Individual Defendants, stating that the financial information contained in the Q3 2014 10-Q was accurate and disclosed any material changes to the Company's internal control over financial reporting.

32. On February 26, 2015, Cigna filed an annual report on Form 10-K with the SEC announcing the Company's financial and operating results for the quarter and year ended December 31, 2014 (the "2014 10-K"). For the quarter, Cigna reported net income of \$467 million, or \$1.77 per diluted share, on revenue of \$8.90 billion, compared to net income of \$361 million, or \$1.29 per diluted share, on revenue of \$8.13 billion for the same period in the prior year. For 2014, Cigna reported net income of \$2.10 billion, or \$7.83 per diluted share, on revenue of \$34.91 billion, compared to net income of \$1.48 billion, or \$5.18 per diluted share, on revenue of \$32.17 billion for 2013.

33. In the 2014 10-K, Cigna stated, in part:

Government Health Plans

Medicare Advantage

We offer Medicare Advantage plans in 16 states and the District of Columbia through our Cigna-HealthSpring brand. Under a Medicare Advantage plan, Medicare-eligible beneficiaries may receive health care benefits, including prescription drugs, through a managed care health plan such as our coordinated care plans. A significant portion of our Medicare Advantage customers receive medical care from our innovative plan models that focus on developing highly engaged physician networks, aligning payment incentives to improved health outcomes, and using timely and transparent data sharing. We are focused on continuing to expand these models in the future.

...

Medicare Regulations

...

In our Medicare Advantage business, we contract with CMS to provide services to Medicare beneficiaries pursuant to the Medicare program. As a result, our right to obtain payment (and the determination of the amount of such payments), enroll and retain members and expand into new service areas is subject to compliance with CMS' numerous and complex regulations and requirements that are frequently modified and subject to administrative discretion. Marketing and sales activities (including those of third-party brokers and agents) are also heavily regulated by CMS and other governmental agencies, including applicable state departments of insurance. *We expect to continue to allocate significant resources to our compliance, ethics and fraud, waste and abuse programs to comply with the laws and regulations governing Medicare Advantage and prescription drug plan programs.*

(Emphasis added.)

...

Federal Audits of Government Sponsored Health Care Programs

Participation in government sponsored health care programs subjects us to a variety of federal laws and regulations and risks associated with audits conducted under these programs. These audits may occur in years subsequent to our providing the relevant services under audit. These risks may include reimbursement claims as well as potential fines and penalties. . . .

The federal government has made investigating and prosecuting health care fraud and abuse a priority. Fraud and abuse prohibitions encompass a wide range of activities, including kickbacks for referral of customers, billing for unnecessary medical services, improper marketing, and violation of patient privacy rights. The regulations and contractual requirements in this area are complex, are frequently modified, and are subject to administrative discretion. *We expect to continue to allocate significant resources to comply with these regulations and requirements and to maintain audit readiness.*

(Emphasis added.)

...

Legal and Regulatory Matters

[T]here is heightened review by federal and state regulators of the health care, disability and life insurance industry business and related reporting practices. Cigna is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the CMS and the Office of Inspector General ("OIG"). With respect to Cigna's Medicare Advantage business, the CMS and OIG perform audits to determine a health plan's compliance with federal regulations and contractual obligations,

including compliance with proper coding practices . . . that may result in retrospective adjustments to payments made to health plans. Regulatory actions can result in assessments, civil or criminal fines or penalties or other sanctions, including loss of licensing or exclusion from participating in government programs.

34. The 2014 10-K contained signed certifications pursuant to SOX by the Individual Defendants, stating that the financial information contained in the 2014 10-K was accurate and disclosed any material changes to the Company's internal control over financial reporting.

35. On April 30, 2015, Cigna filed a quarterly report on Form 10-Q with the SEC announcing the Company's financial and operating results for the quarter ended March 31, 2015 (the "Q1 2015 10-Q"). For the quarter, Cigna reported net income of \$533 million, or \$2.04 per diluted share, on revenue of \$9.39 billion, compared to net income of \$528 million, or \$1.92 per diluted share, on revenue of \$8.45 billion for the same period in the prior year.

36. In the Q1 2015 10-Q, Cigna stated, in part:

Cigna is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services ("CMS") and the Office of Inspector General ("OIG").

37. The Q1 2015 10-Q contained signed certifications pursuant to SOX by the Individual Defendants, stating that the financial information contained in the Q1 2015 10-Q was accurate and disclosed any material changes to the Company's internal control over financial reporting.

38. On July 30, 2015, Cigna filed a quarterly report on Form 10-Q with the SEC announcing the Company's financial and operating results for the quarter ended June 30, 2015 (the "Q2 2015 10-Q"). For the quarter, Cigna reported net income of \$588 million, or \$2.26 per diluted share, on revenue of \$9.47 billion, compared to net income of \$573 million, or \$2.12 per diluted share, on revenue of \$8.67 billion for the same period in the prior year.

39. In the Q2 2015 10-Q, Cigna stated, in part:

Cigna is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services (“CMS”) and the Office of Inspector General (“OIG”).

40. The Q2 2015 10-Q contained signed certifications pursuant to SOX by the Individual Defendants, stating that the financial information contained in the Q2 2015 10-Q was accurate and disclosed any material changes to the Company’s internal control over financial reporting.

41. On November 6, 2015, Cigna filed a quarterly report on Form 10-Q with the SEC announcing the Company’s financial and operating results for the quarter ended September 30, 2015 (the “Q3 2015 10-Q”). For the quarter, Cigna reported net income of \$547 million, or \$2.10 per diluted share, on revenue of \$9.38 billion, compared to net income of \$534 million, or \$2.01 per diluted share, on revenue of \$8.76 billion for the same period in the prior year.

42. In the Q3 2015 10-Q, Cigna stated, in part:

Cigna is frequently the subject of regulatory market conduct reviews and other examinations of its business and reporting practices, audits and investigations by state insurance and health and welfare departments, state attorneys general, the Centers for Medicare and Medicaid Services (“CMS”) and the Office of Inspector General (“OIG”).

43. The Q3 2015 10-Q contained signed certifications pursuant to SOX by the Individual Defendants, stating that the financial information contained in the Q3 2015 10-Q was accurate and disclosed any material changes to the Company’s internal control over financial reporting.

44. The statements referenced in ¶¶ 20-43 were materially false and misleading because Defendants made false and/or misleading statements, as well as failed to disclose material adverse facts about the Company's business, operational and compliance policies. Specifically, Defendants made false and/or misleading statements and/or failed to disclose that: (i) Cigna's appeals and grievances procedures were not in compliance with federal standards; (ii) Cigna's noncompliance with federal standards posed a serious threat to the health and safety of Medicare beneficiaries; and (iii) as a result of the foregoing, Cigna's public statements were materially false and misleading at all relevant times.

The Truth Emerges

45. On January 22, 2016, pre-market, filed a Form 8-K with the SEC, disclosing, in relevant part:

On January 21, 2016, Cigna Corporation ("Cigna") was notified by the Centers for Medicare & Medicaid Services ("CMS") of its intent to impose intermediate sanctions suspending the enrollment of and marketing to new customers of all Cigna Medicare Advantage and Standalone Prescription Drug Plan Contracts, effective at 11:59 p.m. on January 21, 2016. The suspension does not impact current Cigna Medicare Advantage and Medicare Part D enrollees' benefits or plans.

CMS imposed sanctions due to deficiencies discovered with Cigna's operations of its Parts C and D appeals and grievances, Part D formulary and benefit administration, and compliance program. Cigna is working to resolve these matters as quickly as possible and is cooperating fully with CMS on its review. Cigna is committed to its customers and ensuring that its customers have access to the quality healthcare, customer service and prescription drugs that they need.

46. The CMS Enforcement Letter described "a history of non-compliance" by Cigna dating back to at least as early as 2013 and stated, in part:

Pursuant to 42 C.F.R. §§ 422.756 and 423.756, the Centers for Medicare & Medicaid Services (CMS) is providing notice . . . that CMS has made a determination to impose intermediate sanctions on the following Medicare Advantage-Prescription Drug and Prescription Drug Plan Contract Numbers: H0150, H0354, H0439, H1415, H2108, H2165, H2676, H3945, H3949, H4407,

H4454, H4513, H4528, H5410, H6751, H6972, H7020, H7787, H8423, H9460, H9725, and S5617.

These intermediate sanctions will consist of the suspension of enrollment of Medicare beneficiaries into Cigna's contracts . . . and the suspension of all marketing activities to Medicare beneficiaries ***CMS is imposing these intermediate sanctions immediately, effective January 21, 2016, at 11:59 p.m. EST, . . . because it has determined that Cigna's conduct poses a serious threat to the health and safety of Medicare beneficiaries. . . .***

A Medicare Advantage organization and Prescription Drug Plan sponsor's central mission is to provide Medicare enrollees with medical services and prescription drug benefits within a framework of Medicare requirements that provide enrollees with a number of protections. ***CMS has determined that Cigna substantially failed to provide its enrollees with services and benefits in accordance with CMS requirements.***

(Emphases added.)

47. On January 22, 2016, *USA Today* published an article entitled "Cigna temporarily banned from new Medicare plans" that stated, in part:

"As a company committed to delivering quality products and services, we focus on putting customers first. The findings in the audit are unacceptable and will be addressed in full partnership with CMS," said Herb Fritch, president of Cigna-HealthSpring, in a statement.

"We have internal quality review processes in place that identified some of the areas in advance of the audit findings and we have already started working to remedy them. In other instances, we will implement the changes as quickly as possible to emerge a stronger organization further dedicated to those we serve."

48. On this news, Cigna stock fell from \$140.13 on Thursday, January 21, 2016 to close at \$135.85 on Monday, January 25, 2016, a two-day drop of \$4.28.

49. As a result of this news, Cigna stock fell \$2.23, or 1.6%, to close at \$137.90 on January 22, 2016.

50. As a result of Defendants' wrongful acts and omissions, and the precipitous decline in the market value of the Company's securities, Plaintiff and other Class members have suffered significant losses and damages.

PLAINTIFF’S CLASS ACTION ALLEGATIONS

51. Plaintiff brings this action as a class action pursuant to Federal Rule of Civil Procedure 23(a) and (b)(3) on behalf of a Class, consisting of all those who purchased or otherwise acquired Cigna securities during the Class Period (the “Class”); and were damaged upon the revelation of the alleged corrective disclosures. Excluded from the Class are Defendants herein, the officers and directors of the Company, at all relevant times, members of their immediate families and their legal representatives, heirs, successors or assigns and any entity in which Defendants have or had a controlling interest.

52. The members of the Class are so numerous that joinder of all members is impracticable. Throughout the Class Period, Cigna securities were actively traded on the NYSE. While the exact number of Class members is unknown to Plaintiff at this time and can be ascertained only through appropriate discovery, Plaintiff believes that there are hundreds or thousands of members in the proposed Class. Record owners and other members of the Class may be identified from records maintained by Cigna or its transfer agent and may be notified of the pendency of this action by mail, using the form of notice similar to that customarily used in securities class actions.

53. Plaintiff’s claims are typical of the claims of the members of the Class as all members of the Class are similarly affected by Defendants’ wrongful conduct in violation of federal law that is complained of herein.

54. Plaintiff will fairly and adequately protect the interests of the members of the Class and has retained counsel competent and experienced in class and securities litigation. Plaintiff has no interests antagonistic to or in conflict with those of the Class.

55. Common questions of law and fact exist as to all members of the Class and predominate over any questions solely affecting individual members of the Class. Among the questions of law and fact common to the Class are:

- whether the federal securities laws were violated by Defendants' acts as alleged herein;
- whether statements made by Defendants to the investing public during the Class Period misrepresented material facts about the business, operations and management of Cigna;
- whether the Individual Defendants caused Cigna to issue false and misleading financial statements during the Class Period;
- whether Defendants acted knowingly or recklessly in issuing false and misleading financial statements;
- whether the prices of Cigna securities during the Class Period were artificially inflated because of the Defendants' conduct complained of herein; and
- whether the members of the Class have sustained damages and, if so, what is the proper measure of damages.

56. A class action is superior to all other available methods for the fair and efficient adjudication of this controversy since joinder of all members is impracticable. Furthermore, as the damages suffered by individual Class members may be relatively small, the expense and burden of individual litigation make it impossible for members of the Class to individually redress the wrongs done to them. There will be no difficulty in the management of this action as a class action.

57. Plaintiff will rely, in part, upon the presumption of reliance established by the fraud-on-the-market doctrine in that:

- Defendants made public misrepresentations or failed to disclose material facts during the Class Period;
- the omissions and misrepresentations were material;
- Cigna securities are traded in an efficient market;

- the Company's shares were liquid and traded with moderate to heavy volume during the Class Period;
- the Company traded on the NYSE and was covered by multiple analysts;
- the misrepresentations and omissions alleged would tend to induce a reasonable investor to misjudge the value of the Company's securities; and
- Plaintiff and members of the Class purchased, acquired and/or sold Cigna securities between the time the Defendants failed to disclose or misrepresented material facts and the time the true facts were disclosed, without knowledge of the omitted or misrepresented facts.

58. Based upon the foregoing, Plaintiff and the members of the Class are entitled to a presumption of reliance upon the integrity of the market.

59. Alternatively, Plaintiff and the members of the Class are entitled to the presumption of reliance established by the Supreme Court in *Affiliated Ute Citizens of the State of Utah v. United States*, 406 U.S. 128, 92 S. Ct. 2430 (1972), as Defendants omitted material information in their Class Period statements in violation of a duty to disclose such information, as detailed above.

COUNT I

(Against All Defendants For Violations of Section 10(b) And Rule 10b-5 Promulgated Thereunder)

60. Plaintiff repeats and realleges each and every allegation contained above as if fully set forth herein.

61. This Count is asserted against Defendants and is based upon Section 10(b) of the Exchange Act, 15 U.S.C. § 78j(b), and Rule 10b-5 promulgated thereunder by the SEC.

62. During the Class Period, Defendants engaged in a plan, scheme, conspiracy and course of conduct, pursuant to which they knowingly or recklessly engaged in acts, transactions, practices and courses of business which operated as a fraud and deceit upon Plaintiff and the other members of the Class; made various untrue statements of material facts and omitted to state material facts necessary in order to make the statements made, in light of the circumstances under

which they were made, not misleading; and employed devices, schemes and artifices to defraud in connection with the purchase and sale of securities. Such scheme was intended to, and, throughout the Class Period, did: (i) deceive the investing public, including Plaintiff and other Class members, as alleged herein; (ii) artificially inflate and maintain the market price of Cigna securities; and (iii) cause Plaintiff and other members of the Class to purchase or otherwise acquire Cigna securities and options at artificially inflated prices. In furtherance of this unlawful scheme, plan and course of conduct, Defendants, and each of them, took the actions set forth herein.

63. Pursuant to the above plan, scheme, conspiracy and course of conduct, each of the Defendants participated directly or indirectly in the preparation and/or issuance of the quarterly and annual reports, SEC filings, press releases and other statements and documents described above, including statements made to securities analysts and the media that were designed to influence the market for Cigna securities. Such reports, filings, releases and statements were materially false and misleading in that they failed to disclose material adverse information and misrepresented the truth about Cigna's finances and business prospects.

64. By virtue of their positions at Cigna, Defendants had actual knowledge of the materially false and misleading statements and material omissions alleged herein and intended thereby to deceive Plaintiff and the other members of the Class, or, in the alternative, Defendants acted with reckless disregard for the truth in that they failed or refused to ascertain and disclose such facts as would reveal the materially false and misleading nature of the statements made, although such facts were readily available to Defendants. Said acts and omissions of Defendants were committed willfully or with reckless disregard for the truth. In addition, each Defendant knew or recklessly disregarded that material facts were being misrepresented or omitted as described above.

65. Defendants were personally motivated to make false statements and omit material information necessary to make the statements not misleading in order to personally benefit from the sale of Cigna securities from their personal portfolios.

66. Information showing that Defendants acted knowingly or with reckless disregard for the truth is peculiarly within Defendants' knowledge and control. As the senior managers and/or directors of Cigna, the Individual Defendants had knowledge of the details of Cigna's internal affairs.

67. The Individual Defendants are liable both directly and indirectly for the wrongs complained of herein. Because of their positions of control and authority, the Individual Defendants were able to and did, directly or indirectly, control the content of the statements of Cigna. As officers and/or directors of a publicly-held company, the Individual Defendants had a duty to disseminate timely, accurate, and truthful information with respect to Cigna's businesses, operations, future financial condition and future prospects. As a result of the dissemination of the aforementioned false and misleading reports, releases and public statements, the market price of Cigna securities was artificially inflated throughout the Class Period. In ignorance of the adverse facts concerning Cigna's business and financial condition which were concealed by Defendants, Plaintiff and the other members of the Class purchased or otherwise acquired Cigna securities at artificially inflated prices and relied upon the price of the securities, the integrity of the market for the securities and/or upon statements disseminated by Defendants, and were damaged thereby.

68. During the Class Period, Cigna securities were traded on an active and efficient market. Plaintiff and the other members of the Class, relying on the materially false and misleading statements described herein, which the Defendants made, issued or caused to be disseminated, or relying upon the integrity of the market, purchased or otherwise acquired shares of Cigna securities

at prices artificially inflated by Defendants' wrongful conduct. Had Plaintiff and the other members of the Class known the truth, they would not have purchased or otherwise acquired said securities, or would not have purchased or otherwise acquired them at the inflated prices that were paid. At the time of the purchases and/or acquisitions by Plaintiff and the Class, the true value of Cigna securities was substantially lower than the prices paid by Plaintiff and the other members of the Class. The market price of Cigna securities declined sharply upon public disclosure of the facts alleged herein to the injury of Plaintiff and Class members.

69. By reason of the conduct alleged herein, Defendants knowingly or recklessly, directly or indirectly, have violated Section 10(b) of the Exchange Act and Rule 10b-5 promulgated thereunder.

70. As a direct and proximate result of Defendants' wrongful conduct, Plaintiff and the other members of the Class suffered damages in connection with their respective purchases, acquisitions and sales of the Company's securities during the Class Period, upon the disclosure that the Company had been disseminating misrepresented financial statements to the investing public.

COUNT II

(Violations of Section 20(a) of the Exchange Act Against The Individual Defendants)

71. Plaintiff repeats and realleges each and every allegation contained in the foregoing paragraphs as if fully set forth herein.

72. During the Class Period, the Individual Defendants participated in the operation and management of Cigna, and conducted and participated, directly and indirectly, in the conduct of Cigna's business affairs. Because of their senior positions, they knew the adverse non-public information about Cigna's misstatement of income and expenses and false financial statements.

73. As officers and/or directors of a publicly owned company, the Individual Defendants had a duty to disseminate accurate and truthful information with respect to Cigna's financial condition and results of operations, and to correct promptly any public statements issued by Cigna which had become materially false or misleading.

74. Because of their positions of control and authority as senior officers, the Individual Defendants were able to, and did, control the contents of the various reports, press releases and public filings which Cigna disseminated in the marketplace during the Class Period concerning Cigna's results of operations. Throughout the Class Period, the Individual Defendants exercised their power and authority to cause Cigna to engage in the wrongful acts complained of herein. The Individual Defendants therefore, were "controlling persons" of Cigna within the meaning of Section 20(a) of the Exchange Act. In this capacity, they participated in the unlawful conduct alleged which artificially inflated the market price of Cigna securities.

75. Each of the Individual Defendants, therefore, acted as a controlling person of Cigna. By reason of their senior management positions and/or being directors of Cigna, each of the Individual Defendants had the power to direct the actions of, and exercised the same to cause, Cigna to engage in the unlawful acts and conduct complained of herein. Each of the Individual Defendants exercised control over the general operations of Cigna and possessed the power to control the specific activities which comprise the primary violations about which Plaintiff and the other members of the Class complain.

76. By reason of the above conduct, the Individual Defendants are liable pursuant to Section 20(a) of the Exchange Act for the violations committed by Cigna.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff demands judgment against Defendants as follows:

- A. Determining that the instant action may be maintained as a class action under Rule 23 of the Federal Rules of Civil Procedure, and certifying Plaintiff as the Class representative;
- B. Requiring Defendants to pay damages sustained by Plaintiff and the Class by reason of the acts and transactions alleged herein;
- C. Awarding Plaintiff and the other members of the Class prejudgment and post-judgment interest, as well as their reasonable attorneys' fees, expert fees and other costs; and
- D. Awarding such other and further relief as this Court may deem just and proper.

DEMAND FOR TRIAL BY JURY

Plaintiff hereby demands a trial by jury.

Dated: February , 2016

Respectfully submitted,

THE ROSEN LAW FIRM, P.A.

Laurence M. Rosen, Esq. (LR5733)
Phillip Kim, Esq. (PK 9384)
275 Madison Avenue, 34th Floor
New York, NY, 10016
Telephone: (212) 686-1060
Facsimile: (212) 202-3827
Email: lrosen@rosenlegal.com
Email: pkim@rosenelgal.com