

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 800200 (8)

1. Corporation Name
AETNA CASUALTY AND SURETY COMPANY



Principal Place of Business 151 FARMINGTON AVE. TSAA HARTFORD CT 06156-9186 US	Mailing Address 151 FARMINGTON AVE. TSAA HARTFORD CT 06156-9186 US
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2. Principal Place of Business 21 One Tower Square Suite, Apt #, etc 22 City & State 23 Hartford, CT Zip Country 24 06183 25 US	2a. Mailing Address 26 One Tower Square Suite, Apt #, etc 27 City & State 28 Hartford, CT Zip Country 29 06183 30 US
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3. Date Incorporated or Qualified 10/07/1910	3a. Date of Last Report 05/11/1995
4. FEI Number 06-6033504	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITAL BUILDING
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FARLAND, LEE 151 FARMINGTON AVE HARTFORD CT	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, RICHARD H. 151 FARMINGTON AVE. HARTFORD CT	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, BRAIN E 151 FARMINGTON AVE. HARTFORD CT	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, CLAYTON J 151 FARMINGTON AVE. HARTFORD CT	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIGAN, PILIPA 151 FARMINGTON AVE. HARTFORD CT	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Daniel W. Jackson* June 11, 1996 860-277-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel W. Jackson

CR2E034 (3/96)

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ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT

THE AETNA CASUALTY AND SURETY COMPANY

OFFICERS/DIRECTORS:

D/V
CLARKE, CHARLES J.

D
FISHMAN, JAY S.

D/V
FOLEY, RONALD E., JR.

D/V/O
HANNON, WILLIAM P.

D/V
KIERNAN, JOSEPH P.

D
LIPP, ROBERT I.

D/V
RESTREPO, ROBERT P., JR.

D/V
SILBERSTEIN, ALAN M.

O
WEILL, MARC P.

V
HEALY, PAUL

V
MISTRETTO, JOSEPH J.

V
MORRISON, RICHARD F.

V
TYSON, DAVID A.

V
WILLETT, W. DOUGLAS

V/O
EHRlich, SELIG

**ATTACHMENT TO FLORIDA DEPARTMENT OF STATE
CORPORATION ANNUAL REPORT**

THE AETNA CASUALTY AND SURETY COMPANY

OFFICERS/DIRECTORS CONTINUED:

V/O
MEAD, CHRISTINE B.

V
VOSS, F. DENNEY

AS
JACKSON, DANIEL W.

BUSINESS ADDRESS FOR ALL OFFICERS/DIRECTORS:

c/o THE TRAVELERS INDEMNITY COMPANY
ONE TOWER SQUARE
HARTFORD, CT 06183