

**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 <b>1996</b>		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 <b>151 FARMINGTON AVE. TSAA                  HARTFORD CT 06156-9186                  US</b>	Mailing Address <b>151 FARMINGTON AVE. TSAA                  HARTFORD CT 06156-9186                  US</b>
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2. Principal Place of Business <b>21 One Tower Square</b> Suite, Apt #, etc <b>22</b> City & State <b>23 Hartford, CT</b> Zip Country <b>24 06183 25 US</b>	2a. Mailing Address <b>26 One Tower Square</b> Suite, Apt #, etc <b>27</b> City & State <b>28 Hartford, CT</b> Zip Country <b>29 06183 30 US</b>
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3. Date Incorporated or Qualified <b>10/07/1910</b>	3a. Date of Last Report <b>05/11/1995</b>
4. FEI Number <b>06-6033504</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_)  
Signature typed or printed on file. (See Section 11.010, Florida Statutes.) (NOTE: Registered Agent signature required when reinstating.)

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

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SEE ATTACHED</b>
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SEE ATTACHED</b>
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SEE ATTACHED</b>
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SEE ATTACHED</b>
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>SEE ATTACHED</b>
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	<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 Date Daytime Phone #

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  
MISTRETTE, 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