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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 800200 (8)
1. Corporation Name
AETNA CASUALTY AND SURETY COMPANY



Principal Place of Business

**ONE TOWER SQUARE
HARTFORD CT 06183
US**

Mailing Address

**ONE TOWER SQUARE
HARTFORD CT 06183-0001
US**

3. Date Incorporated or Qualified 10/07/1910	3a. Date of Last Report 06/24/1996
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CLARKE, CHARLES J	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHMAN, JAY S	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FOLEY, RONALD E. J	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	DVO	<input type="checkbox"/> DELETE
NAME	HANNON, WILLIAM P	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KIERNAN, JOSEPH P	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIPP, ROBERT I	
STREET ADDRESS	ONE TOWER SQUARE	
CITY-ST-ZIP	HARTFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D/C/O Fishman, Jay S.
2.3 STREET ADDRESS	One Tower Square
2.4 CITY-ST-ZIP	Hartford CT 06183
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D/C/P/O Lipp, Robert I.
6.3 STREET ADDRESS	One Tower Square
6.4 CITY-ST-ZIP	Hartford CT 06183

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. **Daniel W. Jackson**

SIGNATURE _____ DATE **4/24/1997** 860-277-4012

CR2E034 (9/96)

ATTACHMENT TO FLORIDA PROFIT CORPORATION ANNUAL REPORT

THE AETNA CASUALTY AND SURETY COMPANY

13. ADDITIONS TO OFFICERS AND DIRECTORS IN 12:

D/VC

**LONG, STANTON F.
ONE TOWER SQUARE
HARTFORD CT 06183**

D/V/O/S

**MICHENER, JAMES M.
ONE TOWER SQUARE
HARTFORD CT 06183**

D/V

**RESTREPO, ROBERT P., JR.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**ANDERSON, JAMES T.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**CERONE, JAMES F.
ONE TOWER SQUARE
HARTFORD CT 06183**

V/O

**EHRlich, SELIG
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**GIBBS, J. DAVID
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**HEALY, PAUL A.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**HIGGINS, PETER N.
ONE TOWER SQUARE
HARTFORD CT 06183**

V

**LAMMEY, GLENN D.
ONE TOWER SQUARE
HARTFORD CT 06183**

AS

JACKSON, DANIEL W.
ONE TOWER SQUARE
HARTFORD CT 06183

VC

MADONNA, JON C.
388 GREENWICH ST
NEW YORK NY 10013

V

MEAD, CHRISTINE B.
ONE TOWER SQUARE
HARTFORD CT 06183

V

MORRISON, RICHARD F.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PALCZYNSKI, RICHARD W.
ONE TOWER SQUARE
HARTFORD CT 06183

V

PATTERSON, JAMES A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

SILBERSTEIN, ALAN M.
ONE TOWER SQUARE
HARTFORD CT 06183

V

TYSON, DAVID A.
ONE TOWER SQUARE
HARTFORD CT 06183

V

VOSS, F. DENNEY
388 GREENWICH ST
NEW YORK NY 10013

O

WEILL, MARC P.
ONE TOWER SQUARE
HARTFORD CT 06183

V/T

WHITE, WILLIAM H.
ONE TOWER SQUARE
HARTFORD CT 06183

V
WILLET, W. DOUGLAS
ONE TOWER SQUARE
HARTFORD CT 06183

V
YESSMAN, TIMOTHY M.
ONE TOWER SQUARE
HARTFORD CT 06183