

FILING FEE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **836284** (0)

1. Corporation Name:
AETNA CASUALTY & SURETY COMPANY OF AMERICA

Principal Place of Business
**151 FARMINGTON AVE.
ATTN: STATE TAXES. #22 TSAA
HARTFORD CT 06156 -9186**

Mailing Address
**151 FARMINGTON AVE.
ATTN: STATE TAXES. #22 TSAA
HARTFORD CT 06156 -9186**

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/04/1976	3a. Date of Last Report 05/01/1994
4. FEI Number 06-0907370	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**DUFFY, JOSEPH T.
4890 WEST KENNEDY BLVD.
TAMPA FL 33601**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 name of registered agent and title if applicable. DATE: Registered Agent signature required when terminating.

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	BROATCH, ROBERT E.
STREET ADDRESS	151 FARMINGTON AVE
CITY - ST - ZIP	HARTFORD CT
TITLE	D
NAME	HENAULT, RICHARD R.
STREET ADDRESS	151 FARMINGTON AVE
CITY - ST - ZIP	HARTFORD CT
TITLE	P
NAME	KOCHER, DAVID A.
STREET ADDRESS	151 FARMINGTON AVE
CITY - ST - ZIP	HARTFORD CT
TITLE	D
NAME	HOLT, TIMOTHY A.
STREET ADDRESS	151 FARMINGTON AVE
CITY - ST - ZIP	HARTFORD CT
TITLE	D
NAME	DWYER, JOHN J.
STREET ADDRESS	151 FARMINGTON AVE
CITY - ST - ZIP	HARTFORD CT
TITLE	V
NAME	KULLA, ROBERT H.
STREET ADDRESS	151 FARMINGTON AVE
CITY - ST - ZIP	HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Ferland, Lee	
3. STREET ADDRESS	151 Farmington Ave	
4. CITY - ST - ZIP	Hartford, CT 06156	
21. TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Lamb, Timothy J.	
23. STREET ADDRESS	151 Farmington Ave	
24. CITY - ST - ZIP	Hartford, CT 06156	
31. TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Carlson, Rick	
33. STREET ADDRESS	151 Farmington Ave	
34. CITY - ST - ZIP	Hartford, CT 06156	
41. TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	Beranov, Gary G.	
43. STREET ADDRESS	151 Farmington Ave	
44. CITY - ST - ZIP	Hartford, CT 06156	
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - ZIP		

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 110.07(3)(B), 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.

SIGNATURE: **Asst. Treasurer** 4/25/95 (203)273-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR