

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. Murtnam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # **836284 (0)**
 1. Corporation Name
AETNA CASUALTY & SURETY COMPANY OF AMERICA



Principal Place of Business Mailing Address

**151 FARMINGTON AVE.
 ATTN: STATE TAXES TSAA
 HARTFORD CT 06156-9186
 US**

**151 FARMINGTON AVE
 ATTN: STATE TAXES TSAA
 HARTFORD CT 06156-9186
 US**

2. Principal Place of Business
 21 **One Tower Square**

2a. Mailing Address
 26 **One Tower Square**

22 Suite, Apt #, etc

27 Suite, Apt #, etc

23 City & State
Hartford, CT

28 City & State
Hartford, CT

24 Zip **06183** 25 Country **US** 29 Zip **06183** 30 Country **US**

3. Date Incorporated or Qualified **05/04/1976** 3a. Date of Last Report **05/01/1995**

4. FEI Number **06-0907370** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

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

81 Name **Florida Insurance Commissioner**

82 Street Address (P.O. Box Number is Not Acceptable)
Capitol Bldg.

83

84 City **Tallahassee** FL 85 Zip Code **32399**

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

TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	FARLAND, LEE	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	LAMB, TIMOTHY J	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, RICK	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BENANAV, GARY G.	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SEE ATTACHED
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	SEE ATTACHED
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	SEE ATTACHED
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	SEE ATTACHED
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	100001912561
52 NAME	
53 STREET ADDRESS	-08/05/96--01036--047
54 CITY-ST-ZIP	***225.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	8/1/96 cc
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 119.07(3)(c), 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 of this report, or on an attachment with an address.

SIGNATURE: *Daniel W. Jackson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel W. Jackson

June 11, 1996 860-277-4012

CR2E034 (3/96)

836284

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

THE AETNA CASUALTY & SURETY COMPANY OF AMERICA

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
MISTRETТА, JOSEPH J.

V
MORRISON, RICHARD F.

V
TYSON, DAVID A.

V
WILLETT, W. DOUGLAS

V/O
EHRlich, SELIG

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

THE AETNA CASUALTY & SURETY COMPANY OF AMERICA

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
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