

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:26

DOCUMENT # 836445 (7)

1. Corporation Name

AETNA LIFE INSURANCE COMPANY OF ILLINOIS

Principal Place of Business

2525 CABOT DR.  
C/O H. ROY ASAKI, SUITE 301  
LISLE IL 60515-8214  
US

Mailing Address

2525 CABOT DR.  
C/O H. ROY ASAKI, SUITE 301  
LISLE IL 60532-3629  
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/01/1976	04/11/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		06-0876836	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLANE, JAMES W	1.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	1.3 STREET ADDRESS	
CITY- ST- ZIP	HARTFORD CT	1.4 CITY- ST- ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASAKI, H ROY	2.2 NAME	
STREET ADDRESS	2525 CABOT DR., SUITE 301	2.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALCOLMSON, KENNETH S.	3.2 NAME	
STREET ADDRESS	100 NO RIVERSIDE PLZ	3.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, RODGER W.	4.2 NAME	
STREET ADDRESS	100 NO RIVERSIDE PLZ	4.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DWIGHT F.	5.2 NAME	
STREET ADDRESS	2525 CABOT DR., SUITE 301	5.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	5.4 CITY- ST- ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKEY, KEVIN F.	6.2 NAME	
STREET ADDRESS	100 NO RIVERSIDE PLZ	6.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL	6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*H B Asaki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. ROY ASAKI

3/10/95 708-245-4001

Title

Daytime Phone #