

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 836445 (7)**

1. Corporation Name

**AETNA LIFE INSURANCE COMPANY OF ILLINOIS**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified: **06/01/1976**  
3a. Date of Last Report: **03/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **151 Farmington Ave.**

26 **151 Farmington Ave.**

4. FEI Number: **06-0876836**  
Applied For:  Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **c/o Robert Colleran, MC64**

27 **c/o Robert Colleran, MC64**

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

City & State

City & State

6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

23 **Hartford, Ct.**

28 **Hartford, Ct.**

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

Zip

Country

Zip

Country

24 **06156**

25 **US**

29 **06156**

30 **US**

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 the date of signature

Name of Registered Agent, Signature Required, and Date of Signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCLANE, JAMES W	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ASAKI, H ROY	
STREET ADDRESS	2525 CABOT DR., SUITE 301	
CITY-ST-ZIP	LISLE IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MALCOLMSON, KENNETH S.	
STREET ADDRESS	100 NO RIVERSIDE PLZ	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KEMP, RODGER W.	
STREET ADDRESS	100 NO RIVERSIDE PLZ	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DWIGHT F.	
STREET ADDRESS	2525 CABOT DR., SUITE 301	
CITY-ST-ZIP	LISLE IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HICKEY, KEVIN F.	
STREET ADDRESS	100 NO RIVERSIDE PLZ	
CITY-ST-ZIP	CHICAGO IL	

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	Treasurer/Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John C. Devitt
2.3 STREET ADDRESS	2525 Cabot Dr., Suite 301
2.4 CITY-ST-ZIP	Lisle, IL, 60532-3629
3.1 TITLE	Vice President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Allen P. Maltz
3.3 STREET ADDRESS	151 Farmington Ave.
3.4 CITY-ST-ZIP	Hartford, Ct. 06156
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	A. Bruce Cambell, M.D.
4.3 STREET ADDRESS	151 Farmington Ave.
4.4 CITY-ST-ZIP	Hartford, Ct. 06156
5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Charles H. Klippel
5.3 STREET ADDRESS	151 Farmington Ave.
5.4 CITY-ST-ZIP	Hartford, Ct. 06156
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Klippel* **Charles Klippel** 4/8/96 860-273-0045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

CR2E034 (12/95)