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**Apr 22 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 # 836445 (7)
1. Corporation Name
AETNA HEALTH AND LIFE INSURANCE COMPANY



Principal Place of Business: 151 FARMINGTON AVE. C/O ROBERT COLLERAN. MC64 HARTFORD CT 06156 US

Mailing Address: 151 FARMINGTON AVE. C/O ROBERT COLLERAN. MC64 HARTFORD CT 06156-0001 US

3. Date Incorporated or Qualified: 06/01/1976

3a. Date of Last Report: 04/16/1996

4. FEI Number: 06-0876836

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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name: [Blank]

82 Street Address (P.O. Box Number is Not Acceptable): [Blank]

83 [Blank]

84 City: [Blank] 85 Zip Code: FL [Blank]

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCLANE, JAMES W	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	TC	<input checked="" type="checkbox"/> DELETE
NAME	JOHN C. DEVITT	
STREET ADDRESS	2525 CABOT DR., SUITE 301	
CITY-ST-ZIP	LISLE IL	
TITLE	VPO	<input type="checkbox"/> DELETE
NAME	ALLEN P. MALTZ	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	A BRUCE CAMBELL, M.D.	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES H. KLIPPEL	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HICKEY, KEVIN F.	
STREET ADDRESS	100 NO RIVERSIDE PLZ	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Frolley M. Boyd	
1.3 STREET ADDRESS	151 Farmington Ave.	
1.4 CITY-ST-ZIP	Hartford, Ct. 06156	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Daniel S. Messina	
2.3 STREET ADDRESS	151 Farmington Ave.	
2.4 CITY-ST-ZIP	Hartford, Ct. 06156	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	James H. Dickerson	
4.3 STREET ADDRESS	151 Farmington Ave.	
4.4 CITY-ST-ZIP	Hartford, Ct. 06156	
5.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David F. Simon	
5.3 STREET ADDRESS	151 Farmington Ave.	
5.4 CITY-ST-ZIP	Hartford, Ct. 06156	
6.1 TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert J. Colleran	
6.3 STREET ADDRESS	151 Farmington Ave.	
6.4 CITY-ST-ZIP	Hartford, Ct. 06156	

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.

SIGNATURE: *Robert Colleran* **ROBERT COLLERAN** 4/16/97 860-636-5798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)