

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	29 Country
30	

3. Date Incorporated or Qualified 06/01/1976	Applied For
4. FEI Number 06-0876836	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER
 CAPITOL BUILDING
 TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BOYD, FROLLEY M.	1.2 NAME	Cardillo, Michael J.
STREET ADDRESS	151 FARMINGTON AVE.	1.3 STREET ADDRESS	151 Farmington Ave.
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	Hartford, CT 06156
TITLE	VD	2.1 TITLE	
NAME	MESSINA, DANIEL S.	2.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	ALLEN P. MALTZ	3.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	TD
NAME	DICKERSON, JAMES H.	4.2 NAME	Smyk, David C.
STREET ADDRESS	151 FARMINGTON AVE	4.3 STREET ADDRESS	151 Farmington Ave.
CITY-ST-ZIP	HARTFORD CT	4.4 CITY-ST-ZIP	Hartford, CT 06156
TITLE	SD	5.1 TITLE	
NAME	SIMON, DAVID F.	5.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	5.4 CITY-ST-ZIP	
TITLE	AC	6.1 TITLE	AS
NAME	COLLERAN, ROBERT J.	6.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	6.4 CITY-ST-ZIP	

1.1 TITLE	P	Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Cardillo, Michael J.		
1.3 STREET ADDRESS	151 Farmington Ave.		
1.4 CITY-ST-ZIP	Hartford, CT 06156		
2.1 TITLE		Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TD	Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Smyk, David C.		
4.3 STREET ADDRESS	151 Farmington Ave.		
4.4 CITY-ST-ZIP	Hartford, CT 06156		
5.1 TITLE		Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	AS	Change	<input checked="" type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 J. Coleran** 3/2/98 (860) 636-5798

CR2E034 (10/97)