


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

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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90035 011 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # 836445

1. Corporation Name
AETNA HEALTH AND LIFE INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 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 |
|--|--|

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

| | | |
|---|--|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | CARDILLO, MICHAEL J | |
| STREET ADDRESS | 151 FARMINGTON AVE | |
| CITY-ST-ZIP | HARTFORD CT 06156 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | MESSINA, DANIEL S. | |
| STREET ADDRESS | 151 FARMINGTON AVE. | |
| CITY-ST-ZIP | HARTFORD CT | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | ALLEN P. MALTZ | |
| STREET ADDRESS | 151 FARMINGTON AVE. | |
| CITY-ST-ZIP | HARTFORD CT | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | SMYK, DAVID C | |
| STREET ADDRESS | 151 FARMINGTON AVE | |
| CITY-ST-ZIP | HARTFORD CT 06156 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SIMON, DAVID F. | |
| STREET ADDRESS | 151 FARMINGTON AVE. | |
| CITY-ST-ZIP | HARTFORD CT | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | COLLERAN, ROBERT J. | |
| STREET ADDRESS | 151 FARMINGTON AVE. | |
| CITY-ST-ZIP | HARTFORD CT | |

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 | Timothy E. Nolan | |
| 1.3 STREET ADDRESS | 151 Farmington Ave. | |
| 1.4 CITY-ST-ZIP | Hartford, CT 06156 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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 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, with all other like empowered.

SIGNATURE: *Robert J. Colleran* 1/11/99 (860) 636-5798
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)