

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 836445**

1. Entity Name

**AETNA HEALTH AND LIFE INSURANCE COMPANY****FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90130 040 \*\*\*150.00

Principal Place of Business

Mailing Address

151 FARMINGTON AVE.  
C/O ROBERT COLLERAN, MC64  
HARTFORD CT 06156  
US151 FARMINGTON AVE.  
C/O ROBERT COLLERAN, MC64  
HARTFORD CT 06156-0001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Lawrence G. Orkins, Jr.

c/o Lawrence G. Orkins, Jr.

City &amp; State

City &amp; State

4. FEI Number

06-0876836

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME NOLAN, TIMOTHY  
STREET ADDRESS 151 FARMINGTON AVE  
CITY-ST-ZIP HARTFORD CT 06156TITLE VP ☐ Change ☒ Addition  
NAME John J. Bermel  
STREET ADDRESS 151 Farmington Ave.  
CITY-ST-ZIP Hartford, CT 06156TITLE D ☐ Delete  
NAME MESSINA, DANIEL S.  
STREET ADDRESS 151 FARMINGTON AVE.  
CITY-ST-ZIP HARTFORD CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VP ☒ Delete  
NAME ALLEN-P. MALTZ  
STREET ADDRESS 151 FARMINGTON AVE.  
CITY-ST-ZIP HARTFORD CTTITLE VP ☐ Change ☒ Addition  
NAME James A. Geyer  
STREET ADDRESS 151 Farmington Ave.  
CITY-ST-ZIP Hartford, CT 06156TITLE T ☐ Delete  
NAME SMYK, DAVID C  
STREET ADDRESS 151 FARMINGTON AVE  
CITY-ST-ZIP HARTFORD CT 06156TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE SD ☐ Delete  
NAME SIMON, DAVID F.  
STREET ADDRESS 151 FARMINGTON AVE.  
CITY-ST-ZIP HARTFORD CTTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE AS ☒ Delete  
NAME COLLERAN, ROBERT J.  
STREET ADDRESS 151 FARMINGTON AVE.  
CITY-ST-ZIP HARTFORD CTTITLE AS ☐ Change ☒ Addition  
NAME Lawrence G. Orkins, Jr.  
STREET ADDRESS 151 Farmington Ave.  
CITY-ST-ZIP Hartford, CT 06156

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence G. Orkins, Jr.

4/26/00

(860) 636-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #