


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 01 NOV -2 PM 2:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **836445**  
 1. Corporation Name  
**AETNA HEALTH AND LIFE INSURANCE COMPANY**

**500004669445--6**  
 -11/06/01--01076--012  
 \*\*\*\*750.00 \*\*\*\*750.00

2. Principal Office Address 151 FARMINGTON AVENUE		3. Mailing Office Address 151 FARMINGTON AVENUE	
Suite, Apt. #, etc. W101		Suite, Apt. #, etc. W101	
City & State HARTFORD, CT		City & State HARTFORD, CT	
Zip 06156	Country U.S.	Zip 06156	Country U.S.

**REINSTATEMENT** *J001*

4. Date Incorporated or Qualified To Do Business in Florida **10/18/1971**

5. FEI Number 06-0876836	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CT CORPORATION**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**

Suite, Apt. #, Etc.  
**LS**

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date **11-1-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	JOSEPH F. BRISLIN	151 FARMINGTON AVENUE, RE4J	HARTFORD, CT 06156
D	FROLLY M. BOYD	151 FARMINGTON AVENUE, RE4J	HARTFORD, CT 06156
VP	BLAKE W. MARTIN	151 FARMINGTON AVENUE, RE2R	HARTFORD, CT 06156
T	DAVID CHARLES SMYK	980 JOLLY ROAD, U14C	BLUE BELL, PA 19422
S	GREGORY STEPHEN MARTINO	980 JOLLY ROAD, U19A	BLUE BELL, PA 19422
AS	LAWRENCE GRANT ORKINS, JR.	151 FARMINGTON AVENUE, RE2R	HARTFORD, CT 06156

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **BLAKE W. MARTIN** 10/24/01 860-952-3116

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