

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 19, 2011
Secretary of State

Entity Name: AETNA LIFE & CASUALTY (BERMUDA) LTD., COMPANY

Current Principal Place of Business:

CANON'S CT, 22 VICTORIA ST
HAMILTON HM12, BERMUDA, BE

New Principal Place of Business:

Current Mailing Address:

151 FARMINGTON AVE.
W101
HARTFORD, CT 06156

New Mailing Address:

151 FARMINGTON AVE.
RT65
HARTFORD, CT 06156

FEI Number: 98-0211470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: PATEL, SANDIP
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: D
Name: KLIPPEL, CHARLES H
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: SD
Name: LINES, DAVID R
Address: CANON'S CT., 22 VICTORIA ST.
City-St-Zip: HAMILTON HM EX, BERMUDA, BE

Title: VP
Name: REPOLI, SUSAN T
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: T
Name: COFRANCESCO, ELAINE R
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: D
Name: LINES, DAVID E
Address: DUART, 6 MILLSHARE RD.
City-St-Zip: PEMBROKE HM 05, BERMUDA, BE

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE R. COFRANCESCO

T

04/19/2011

Electronic Signature of Signing Officer or Director

_____ Date