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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aetna Health and Life Insurance Company
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Caitlin Roux-Halloran

Name of Person

Aetna Health and Life Insurance Company

Firm/Company

151 Farmington Ave., RW61

Address

Hartford, CT 06156

City/State and Zip code

HanL@AETNA.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caitlin Roux-Halloran

at (860) 273-2259

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **AETNA HEALTH AND LIFE INSURANCE COMPANY**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **CONNECTICUT**

3. **06-0876836**

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. **02/02/1996**

5. **PERPETUAL**

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **151 FARMINGTON AVENUE, HARTFORD, CT 06156**

(Principal office address)

151 FARMINGTON AVENUE, HARTFORD, CT 06156

(Current mailing address)

8. **Reinsurance of ALIC LTD business.**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **C T Corporation System**

Office Address: **1200 South Pine Island Road**

Plantation

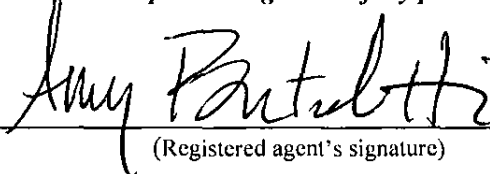
(City)

, Florida **33324**

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

**AMY BERLETETTI
VICE PRESIDENT**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

17 JUN 19 09 2:40
STATE OF FLORIDA
DEPARTMENT OF STATE

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attachment A _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Edward C. Lee, Vice President and Secretary _____
(Typed or printed name and capacity of person signing application)

Attachment A

Report Name : Management Structure

Filtered By : --

Exported By : Caitlin Roux-Halloran

Exported On : 05/21/2014

Entity Name: Aetna Health and Life Insurance Company

Name	Title	Title Role	Role Start	Address
Adkins, Sheryl Burke	Director	Director	05/14/2014	151 Farmington Ave., Hartford, CT 06156
Callahan, Sandra Kay	Director	Director	03/17/2014	175 Running Hill Drive, Portland, ME 04106
Smith, William John Jr.	Director	Director	03/17/2014	269 Sunnybrook Road, Springfield, PA 19064
Fedyna, Michael William	Vice President and Chief Actuary	Principal Officer	11/07/2007	151 Farmington Ave., Hartford, CT 06156
Cofrancesco, Elaine Rose	Vice President and Treasurer	Principal Officer	12/05/2006	151 Farmington Ave., Hartford, CT 06156
Lee, Edward Chung-I	Vice President and Secretary	Principal Officer	05/18/2009	151 Farmington Ave., Hartford, CT 06156
Alfano, Joseph Anthony	Controller	Principal Officer	11/09/2007	151 Farmington Ave., Hartford, CT 06156

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

AETNA HEALTH AND LIFE INSURANCE COMPANY

a domestic STOCK corporation, was filed in this office on February 02, 1996, a certificate of
dissolution has not been filed, and so far as indicated by the records of this office such corporation is in
existence.



Secretary of the State

Date Issued: June 11, 2014