

Aetna

P28317

Aetna Inc.
151 Farmington Avenue
Hartford, CT 06156

Paula J. Scavone
Administrative Assistant
Administration
Law and Regulatory Affairs, RW4A
(860) 273-7505
Fax: (860) 273-1542

December 20, 1996

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

Attention: Amendment Section

Enclosed please find a completed application, an original certificate of authority from the state of domicile issued within the last 90 days, the documents are signed by the secretary of the company and a filing fee of \$35.00 made payable to the Department of State.

I can be reached at the above listed number.

Sincerely,



Paula J. Scavone

Enclosures

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*****35.00 *****35.00

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97 JAN 21 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

January 9, 1997

Paula J. Scavone
Aetna Inc.
151 Farmington Ave.
Hartford, CT 06156

SUBJECT: AETNA CASUALTY COMPANY
Ref. Number: P28317

We have received your document for AETNA CASUALTY COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please provide a certificate that states the old name changing to the new name OR a certified copy of the name change amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6908.

Steven Harris
Corporate Specialist

Letter Number: 597A00001179



151 Farmington Avenue
Hartford, CT 06156

Paula J. Scavone
Law Department, RW4A
(860) 273-7505
Fax: (860) 273-1542

January 17, 1997

Mr. Steven Harris
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: **Aetna Casualty Company**
Ref. Number P28317

Dear Mr. Harris

I am responding to your letter dated January 9, 1997 concerning the above company. Enclosed please find the following items:

- Certificate of Authority from the state of incorporation, issued within the past 90 days;
- Certified copy of the Articles of Incorporation which states the old name changing to the new name;
- A copy of your letter dated January 9, 1997.

Should you have any questions or concerns I may be reached at (860) 273-7505.

Sincerely,

Paula J. Scavone

Enclosures

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

1. Aetna Casualty Company
Name of corporation as it appears on the records of the Department of State.
2. Connecticut 3. March 16, 1990
Incorporated under laws of Date authorized to do business in Florida

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? May 24, 1996
5. Aetna Insurance Company of Connecticut
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
- _____
- New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
- _____
- New Jurisdiction



Signature

Charles H. Klippel
Typed or printed name

Date

Secretary
Title

FILED
97 JAN 21 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

CERTIFIED COPY

L. GEORGE M. REIDER, JR.
INSURANCE COMMISSIONER OF THE STATE OF
CONNECTICUT, HAVE COMPARED THE ANNEXED COPY
WITH THE ORIGINAL RECORD ON FILE WITH THE
DEPARTMENT OF INSURANCE AND DO HEREBY CERTIFY
THAT IT IS A WHOLE, TRUE AND CORRECT COPY OF THE
ORIGINAL RECORD.
WITNESS MY HAND AND SEAL OF THE INSURANCE
COMMISSIONER OF THE STATE OF CONNECTICUT.

THIS 4th day of November 1996


INSURANCE COMMISSIONER

(Rev. 11/96)

Phone:
P. O. Box 816 Hartford, CT 06142-0816
An Equal Opportunity Employer



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

FILING #0001608917 PG 01 OF 03 VOL B-00059
FILED 05/24/1996 03:00 PM PAGE 0237
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

This is to Certify, that Aetna Casualty Company is authorized to amend
its Certificate of Incorporation to change the name to Aetna Insurance Company
of Connecticut, as specified in amended Article #1 of the Certificate of Incorporation.

Witness my hand and official seal, at Hartford,

this 24th day of May 1996

Insurance Commissioner

CERTIFICATE AMENDING OR RESTATING CERTIFICATE OF INC
S1-38 Rev. 9/90
Stock Corporation

FILING #0001608917 PG 02 OF 03 VOL B-00059
FILED 05/24/1996 03:00 PM PAGE 02398
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

STATE OF CONNECTICUT
SECRETARY OF THE STATE
30 TRINITY STREET
HARTFORD, CT 06106

1. Name of Corporation (Please enter name within lines)

Aetna Casualty Company

2. The Certificate of Incorporation is: (Check one)

- A. Amended only, pursuant to Conn. Gen. Stat. § 33 - 360.
- B. Amended only, to cancel authorized shares (state number of shares to be cancelled, the class, the series, if any, and the par value, P.A. 90-107.)
- C. Restated only, pursuant to Conn. Gen. Stat. § 33 - 362(a).
- D. Amended and restated, pursuant to Conn. Gen. Stat. § 33 - 362(c).
- E. Restated and superseded pursuant to Conn. Gen. Stat. § 33 - 362(d).

Set forth here the resolution of amendment and/or restatement. Use an 8 1/2 X 11 attached sheet if more space is needed. Conn. Gen. Stat. § 1 - 9.

Article 1 is replaced in its entirety to the following:

1. The name of the corporation is Aetna Insurance Company of Connecticut.

(If 2A or 2B is checked, go to 5 & 6 to complete this certificate. If 2C or 2D is checked, complete 3A or 3B. If 2E is checked, complete 4.)

3. (Check one)

- A. This certificate purports merely to restate but not to change the provisions of the original Certificate of Incorporation as supplemented and amended to date, and there is no discrepancy between the provisions of the original Certificate of Incorporation as supplemented and amended to date, and the provisions of this Restated Certificate of Incorporation. (If 3A is checked, go to 5 & 6 to complete this certificate.)
- B. This Restated Certificate of Incorporation shall give effect to the amendment(s) and purports to restate all those provisions now in effect not being amended by such new amendment(s). (If 3B is checked, check 4, if true, and go to 5 & 6 to complete this Certificate.)


4. (Check, if true)

- This restated Certificate of Incorporation was adopted by the greatest vote which would have been required to amend any provision of the Certificate of Incorporation as in effect before such vote and supercedes such Certificate of Incorporation.

5. The manner of adopting the resolution was as follows:

- A. By the board of directors and shareholders, pursuant to Conn. Gen. Stat. § 33-362(a).
 Vote of Shareholders: (Check (i) or (ii), and check (iii) if applicable.)
- (i) No shares are required to be voted as a class; the shareholder's vote was as follows:
 Vote Required for Adoption 1,500 Vote Favoring Adoption 1,500
- (ii) There are shares of more than one class entitled to vote as a class. The designation of each class required for adoption of the resolution and the vote of each class in favor of adoption were as follows:
 (Use an 8 1/2 x 11 attached sheet if more space is needed. Conn. Gen. Stat. § 1 - 9.)
- (iii) Check here if the corporation has 100 or more recordholders, as defined in Conn. Gen. Stat. § 33 - 311a(e).
- B. By the board of directors acting alone, pursuant to Conn. Gen. Stat. § 33 - 360(b)(2) or 33-362(a).
 The number of affirmative votes required to adopt such resolution is: _____
 The number of directors' votes in favor of the resolution was: _____

We hereby declare, under the penalties of false statement, that the statements made in the foregoing certificate are true:

(Print or Type) Name of Pres. / Officers	Signature	(Print or Type) Name of Sec./Assistant Sec.	Signature
Allen P. Maltz		Charles H. Klippel	

- C. The corporation does not have any shareholders. The resolution was adopted by vote of at least two-thirds of the incorporators before the organization meeting of the corporation, and approved in writing by all subscribers for shares of the corporation. If there are no subscribers, state NONE below.

We (at least two-thirds of the incorporators) hereby declare, under the penalties of false statement, that the statements made in the foregoing certificate are true.

Signed Incorporator	Signed Incorporator	Signed Incorporator
Signed Subscriber	Signed Subscriber	Signed Subscriber

(Use an 8 1/2 X 11 attached sheet if more space is needed. Conn. Gen. Stat. 1 - 9)

6. Dated at Hartford, Conn. this 30th day of April, 1996

Rec, CC, GS: (Type or Print)

Please provide filer's name and complete address for mailing receipt

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office

In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,
this 6th day of June A.D. 1996



SECRETARY OF THE STATE *ym*