

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 28 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **P28317** (6)
1. Corporation Name
AETNA CASUALTY COMPANY

Principal Place of Business Mailing Address
1000 MIDDLE STREET **1000 MIDDLE STREET**
ATTN: STATE TEXAS, YF7J **ATTN: STATE TEXAS, YF7J**
MIDDLETOWN CT 06457-8500 **MIDDLETOWN CT 06457-8500**

3. Date Incorporated or Qualified **02/26/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		06-1286276		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		\$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Zip		Country		Country	
24		29		30		31	
Country		Country		Country		Country	
25		30		31		32	
Country		Country		Country		Country	

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE _____ DATE _____
Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROATCH, ROBERT E.	1.2 NAME	
STREET ADDRESS	151 FARMINGTON AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENAULT, RICHARD R.	2.2 NAME	DIV BELL, CHARLES T., JR.
STREET ADDRESS	151 FARMINGTON AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUWERS, STEVEN L.	3.2 NAME	S KLIPPEL, CHARLES H.
STREET ADDRESS	151 FARMINGTON AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	3.4 CITY - ST - ZIP	
TITLE	P	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLANE, JAMES W.	4.2 NAME	P/D HALTZ, ALLEN P.
STREET ADDRESS	151 FARMINGTON AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, TIMOTHY A.	5.2 NAME	D HICKBY, KEVIN F.
STREET ADDRESS	151 FARMINGTON AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, BRIANE	6.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	HARTFORD CT	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DATE: 2/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR