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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P28317

(6)

NC 11/2/1997

~~AETNA CASUALTY COMPANY~~
Aetna Insurance Company of Connecticut



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

Mailing Address
**151 FARMINGTON AVE.
 MC64
 HARTFORD CT 06156-0001
 US**

3. Date Incorporated or Qualified 02/28/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 06-1286276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	KHALIFA, AMIN I.
STREET ADDRESS	151 FARMINGTON AVE., MB68
CITY-ST-ZIP	HARTFORD CT
TITLE	DV <input type="checkbox"/> DELETE
NAME	GEYER, JAMES A.
STREET ADDRESS	151 FARMINGTON AVENUE
CITY-ST-ZIP	HARTFORD CT
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	KLIPPEL, CHARLES H.
STREET ADDRESS	151 FARMINGTON AVENUE
CITY-ST-ZIP	HARTFORD CT
TITLE	PD <input type="checkbox"/> DELETE
NAME	MALTZ, ALLEN P.
STREET ADDRESS	151 FARMINGTON AVENUE
CITY-ST-ZIP	HARTFORD CT
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HICKEY, KEVIN F.
STREET ADDRESS	151 FARMINGTON AVENUE
CITY-ST-ZIP	HARTFORD CT
TITLE	V <input type="checkbox"/> DELETE
NAME	THOMISON, JOEL D.
STREET ADDRESS	151 FARMINGTON AVE
CITY-ST-ZIP	HARTFORD CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel S. Messina
1.3 STREET ADDRESS	151 Farmington Avenue, MB66
1.4 CITY-ST-ZIP	Hartford, CT 06156
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	B/D David F. Simon
3.3 STREET ADDRESS	980 Jolly Road
3.4 CITY-ST-ZIP	Bluebell, PA 19422
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D James H. Dickerson
5.3 STREET ADDRESS	980 Jolly Road
5.4 CITY-ST-ZIP	Bluebell, PA 19422
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002138652
6.3 STREET ADDRESS	-04/10/97--01005--014
6.4 CITY-ST-ZIP	***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **REQUIRED** **3/31/97** **560-636-5778**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

49.272

**AETNA INSURANCE COMPANY OF CONNECTICUT
ADDITIONAL OFFICERS/DIRECTORS LISTING
STATE OF FLORIDA**

Additional Directors:

Michael J. Cardillo	980 Jolly Road	Bluebell, PA 19422
Joseph T. Sebastianelli	980 Jolly Road	Bluebell, PA 19422
David C. Smyk	980 Jolly Road	Bluebell, PA 19422

Additional Officers:

David M. Clarke, Vice President	151 Farmington Avenue	Hartford, CT 06156
David J. Ingram, Vice President	151 Farmington Avenue	Hartford, CT 06156
Leandra R. Knes, Executive VP	151 Farmington Avenue	Hartford, CT 06156
Elaine A. Sarsynski, Vice President	151 Farmington Avenue	Hartford, CT 06156
Bennie J. White, Vice President	151 Farmington Avenue	Hartford, CT 06156
Thomas J. Buchberger, Assistant VP	151 Farmington Avenue	Hartford, CT 06156
John O. Byrne, Assistant VP	151 Farmington Avenue	Hartford, CT 06156
Richard R. Henault, Assistant VP	151 Farmington Avenue	Hartford, CT 06156
Lee M. Farland, Assistant Treasurer	151 Farmington Avenue	Hartford, CT 06156
Robert J. Colleran, Assistant Secretary	151 Farmington Avenue	Hartford, CT 06156
Kimberly C. Dube, Assistant Secretary	151 Farmington Avenue	Hartford, CT 06156