Mailing Address

151 FARMINGTON AVE

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # P28317**

1. Corporation Name

Principal Place of Business

toon Middle STREET

AETNA INSURANCE COMPANY OF CONNECTICUT

ATTN: STATE T		MC64						
MIDDLETOWN CT 06457-8500		HARTFORD CT 06156				DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed 02/26/1990			
2 Dringing D	loss of Business	2a. Mailing Address			4. FEI Number	Applied For		
	lace of Business	<u>├</u> ¬ ~			06-1286276	Not Applicable		
21 Suito Ant	# 010	Suite, Apt. #, etc.			00-1200270	\$8.75 Additional		
Suite, Apt. #, etc.		27		5. Certificate of Status Desired	Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation owes the curre			
24	[25]	29	30		Personal Property Tax.	☐ Yes ☐ No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
****	DANCE COMMODICALED	•	8	1 Nan	0			
INSURANCE COMMISSIONER			82 Street Add		et Address (P.O. Box Number is Not Acceptal	ole)		
CAPITOL BUILDING			(32)					
TALL	AHASSEE FL 32399	•	8:	3				
			8	4 City		FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the abo	ve-nam	d corporation submits this statement for the	ourpose 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.								
, ,	TO TOTAL THE A SHA SOCOPT MO SONGER							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signatu	e required when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12		
TITLE	DV	☐ DELETE	1.1 TITLE		D	Change		
NAME :	MESSINA, DANIEL S		1.2 NAME			(
STREET ADDRESS	151 FARMINGTON AVE., MB66		1.3 STRE	ET ADDRE	ss [,		
CITY-\$T-ZIP	HARTFORD CT 06156		1.4 CITY-	ST-ZIP				
TITLE	V	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition		
NAME	GEYER, JAMES A.		2.2 NAME		}			
STREET ADDRESS	151 FARMINGTON AVENUE			ET ADORE	22			
CITY-ST-ZIP	HARTFORD CT		2. 4 CITY		-}			
TITLE	SD	D£LETE	3.1 TITLE	<u> </u>		☐ Change ☐ Addition		
NAME	SIMON, DAVID F		3.2 NAME					
STREET ADDRESS	980 JOLLY RAOD			ET ADDRE				
	BLUEBELL PA 19422		B		~)			
TITLE	VD	[] DELETE	3.4. CITY-		1	☑ Change ☐ Addition		
-	/ 17 _	_ 002272	4. 2 NAM		}*	<u></u>		
NAME	MALTZ, ALLEN P.				_			
STREET ADDRESS	151 FARMINGTON AVENUE			ET ADDRE	2			
CITY-ST-ZIP	HARTFORD CT	Ø DELETE	4.4 CITY-		+ <u>a/x</u>	Change X Addition		
TITLE	PD	₩ DELETE	5.1 TITLE 5.2 NAME		Timothy E. Nolan 980 July ROAD	Griange		
NAME	MICHAEL J CARDILLO				980 July ROAD			
STREET ADDRESS	980 JOLLY ROAD			ET ADDRE	111 11 11 11 11 11 11 11 11 11 11 11 11	· .		
CITY-ST-ZIP	BLUEBELL PA 19422		5.4 C/TY- 6.1 TITLE		BlueBell, PA 19422	M Change ☐ Addition		
TITLE	VTD	☐ DELETE	S		\V//	☑ citatiãe ☐ vocinos		
NAME	VTD DAVID C SMYK 980 JOLLY RD	∐ DELETE	6.2 NAME		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Z offange		

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

BLUEBELL PA 19422

FILED

Mar 23, 1999 8:00 am Secretary of State

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

Additional Directors:

Additional Officers:

John J. Bermel, VP & Controller	151 Farmington Avenue	Hartford, CT 06156
Brian J. Kost, Assistant Secretary	151 Farmington Avenue	Hartford, CT 06156
Robert J. Colleran, Assistant Secretary	151 Farmington Avenue	Hartford, CT 06156
Debra L. Weger, Assistant Secretary	980 Jolly Road	Bluebell, PA 19422
Paul J. Selian, Senior Investment Officer	151 Farmington Avenue	Hartford, CT 06156