

DOCUMENT # P28317

1. Entity Name

AETNA INSURANCE COMPANY OF CONNECTICUT

FILED

00 MAY 19 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1000 MIDDLE STREET
ATTN: STATE TEXAS, MC64
MIDDLETOWN CT 06457-8500
US151 FARMINGTON AVE.
MC64
HARTFORD CT 06156-0001
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
5/15/00 90711042 \$150.00

4. FEI Number

06-1286276

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MESSINA, DANIEL S
CITY-ST-ZIP 151 FARMINGTON AVE., MB66
HARTFORD CT 06156TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME V
STREET ADDRESS GEYER, JAMES A.
CITY-ST-ZIP 151 FARMINGTON AVENUE
HARTFORD CTTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME SD
STREET ADDRESS SIMON, DAVID F
CITY-ST-ZIP 980 JOLLY ROAD
BLUEBELL PA 19422TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Delete
NAME V
STREET ADDRESS MALTZ, ALLEN P.
CITY-ST-ZIP 151 FARMINGTON AVENUE
HARTFORD CTTITLE ☐ Change ☒ Addition
NAME John J. Bermel
STREET ADDRESS 151 Farmington Avenue, MC66
CITY-ST-ZIP Hartford, CT 06156TITLE ☒ Delete
NAME PD
STREET ADDRESS NOLAN, TIMOTHY E
CITY-ST-ZIP 980 JOLLY ROAD
BLUEBELL PA 19422TITLE ☐ Change ☒ Addition
NAME William I. Kramer
STREET ADDRESS 980 Jolly Road
CITY-ST-ZIP Bluebell, PA 19422TITLE ☐ Delete
NAME VT
STREET ADDRESS DAVID C SMYK
CITY-ST-ZIP 980 JOLLY RD
BLUEBELL PA 19422TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence G. Orkins, Jr.

4/27/00

Date

860-636-4079

Daytime Phone #