


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 AM 8:49

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28317**
1. Corporation Name
AETNA INSURANCE COMPANY OF CONNECTICUT

100004657841--4
-10/29/01--01080--024
***750.00 ***750.00

2. Principal Office Address 151 Farmington Avenue Suite, Apt. #, etc.		3. Mailing Office Address 151 Farmington Avenue Suite, Apt. #, etc.	
City & State Hartford, CT		City & State Hartford, CT	
Zip 06156	Country U.S.	Zip 06156	Country U.S.

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business in Florida **January 3, 1990** **SP**

5. FEI Number **06-1286276** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* **SALVINA AMENTA-GRAN** **10-19-01**
REGISTERED AGENT MUST SIGN **SECRETARY**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Alan Munro Bennett	151 Farmington Avenue	Hartford, CT 06156
VP	James A. Geyer	151 Farmington Avenue	Hartford, CT 06156
VPS	Gregory Stephen Martino	980 Jolly Road	Blue Bell, PA 19422
VP	Blake Walker Martin	151 Farmington Avenue	Hartford, CT 06156
VP	William Ira Kramer	980 Jolly Road	Blue Bell, PA 19422
VT	David C. Smyk	980 Jolly Road	Blue Bell, PA 19422

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **BEAWEW MARRIA** **10/19/01** **860-952-306**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #