


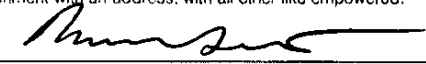
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90037 036 \*\*\*150.00

20064565



<b>DOCUMENT # P28317</b>			
1. Entity Name <b>AETNA INSURANCE COMPANY OF CONNECTICUT</b>			
Principal Place of Business <b>151 FARMINGTON AVENUE HARTFORD, CT 06156 US</b>		Mailing Address <b>151 FARMINGTON AVENUE HARTFORD, CT 06156 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number <b>06-1286276</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, ALAN M 151 FARMINGTON AVENUE HARTFORD, CT 06156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDCA GEYER, JAMES A 151 FARMINGTON AVENUE HARTFORD, CT 06156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTINO, GREGORY S 980 JOLLY ROAD BLUEBELL, PA 19422 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTIN, BLAKE W 151 FARMINGTON AVENUE HARTFORD, CT 06156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KRAMER, WILLIAM I 980 JOLLY ROAD BLUEBELL, PA 19422 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SMITH, RUSSELL P 151 FARMINGTON AVE. HARTFORD, CT 06156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: <b>7/11/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <b>860 273-1324</b>	
<b>RUSSELL P. SMITH, VP &amp; TREASURER</b>			



ATTACHMENT  
HP 28317  
20064565

151 Farmington Avenue, W101  
Hartford, CT 06156  
(860) 952-8658 - Telephone  
(860) 907-3017 - Facsimile

July 12, 2005

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the 2005 For Profit Corporation Annual Report regarding AETNA INSURANCE COMPANY OF CONNECTICUT and a check for \$150.00. We were not provided with a report this year but were advised with a "Report of Dissolution" postcard after the deadline to file had passed.

If you have any questions, please feel free to contact me at the telephone number listed above.

Thanks kindly.

Sincerely,

A handwritten signature in cursive script that reads "Dina Bagdigian".

Dina Bagdigian  
Collections Analyst

Enclosures