

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28317

FILED
Apr 27, 2010
Secretary of State

Entity Name: AETNA INSURANCE COMPANY OF CONNECTICUT

Current Principal Place of Business:

151 FARMINGTON AVENUE
HARTFORD, CT 06156 US

New Principal Place of Business:

Current Mailing Address:

151 FARMINGTON AVENUE
W101
HARTFORD, CT 06156 US

New Mailing Address:

FEI Number: 06-1286276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P.O.BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD
Name: ZUBRETSKY, JOSOPH M
Address: 151 FARMINGTON AVENUE
City-St-Zip: HARTFORD, CT 06156 US

Title: PFOC
Name: ALFANO, JOSEPH A
Address: 151 FARMINGTON AVENUE
City-St-Zip: HARTFORD, CT 06156 US

Title: VP
Name: MARTINO, GREGORY S
Address: 980 JOLLY ROAD
City-St-Zip: BLUEBELL, PA 19422

Title: VAS
Name: KRAMER, WILLIAM I
Address: 980 JOLLY ROAD
City-St-Zip: BLUEBELL, PA 19422

Title: VT
Name: COFRANCESCO, ELAINE R
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: VS
Name: LEE, EDWARD C
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD C. LEE

VS

04/27/2010

Electronic Signature of Signing Officer or Director

_____ Date