

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90309 019 ***150.00

0614805 AT

DOCUMENT # P28317

1. Entity Name
AETNA INSURANCE COMPANY OF CONNECTICUT



Principal Place of Business
**151 FARMINGTON AVENUE
HARTFORD CT 06156
US**

Mailing Address
**151 FARMINGTON AVENUE
HARTFORD CT 06156
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

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
**CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BENNETT, ALAN M	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GEYER, JAMES A	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARTINO, GREGORY S	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUEBELL PA 19422	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, BLAKE W	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KRAMER, WILLIAM I	
STREET ADDRESS	980 JOLLY ROAD	
CITY-ST-ZIP	BLUEBELL PA 19422	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SMYK, DAVID C	
STREET ADDRESS	980 JOLLY RD	
CITY-ST-ZIP	BLUEBELL PA 19422	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RUSSELL P.	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY-ST-ZIP	HARTFORD CT 06156	

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 life empowered.

SIGNATURE: *Blake W. Martin*
SIGNATURE AND TITLE OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR
BLAKE W. MARTIN, VP

Date: **4/25/03**
Daytime Phone #: **860-952-3119**

CR2E034 (10/02)

Aetna Inc.

Attachment
90113797
P28317

Aetna Insurance Company of Connecticut



Aetna Inc.
151 Farmington Avenue
Hartford, CT 06156

Request Number: 000000121296
Cost Center: 81003

Check No.: 101013038

62-20
311

PAY One hundred fifty and 00/100 Dollars

04/24/2003

TO THE
ORDER OF

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

*****\$150.00

Citibank Delaware
One Penn's Way
New Castle, Delaware

Jeffrey P. Smith Jr.
AUTHORIZED SIGNATURE

DO NOT CASH IF EITHER BLUE BACKGROUND OR WATERMARKED PAPER IS MISSING! - HOLD TO LIGHT TO VERIFY WATERMARKED PAPER