

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 837255 (9)

1. Corporation Name  
AETNA LIFE INSURANCE AND ANNUITY COMPANY



Principal Place of Business  
151 FARMINGTON AVENUE  
HARTFORD CT 06156-0001

Mailing Address  
151 FARMINGTON AVENUE  
HARTFORD CT 06156-0001

|                                                                                                                                                     |                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br>10/25/1976                                                                                                     | 3a. Date of Last Report<br>01/25/1995 |
| 4. FEI Number<br>71-0294708                                                                                                                         | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                        | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                               | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the corporation and the registered agent for the corporation)

(NOTE: Registered Agent Signature Required with Filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | D                     | <input type="checkbox"/> DELETE            |
| NAME           | CRAWLEY, DAVID        |                                            |
| STREET ADDRESS | 151 FARMINGTON AVE.   |                                            |
| CITY-STATE-ZIP | HARTFORD CT           |                                            |
| TITLE          | VP                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | BROATCH, ROBERT E.    |                                            |
| STREET ADDRESS | 151 FARMINGTON AVE.   |                                            |
| CITY-STATE-ZIP | HARTFORD CT           |                                            |
| TITLE          | VP                    | <input type="checkbox"/> DELETE            |
| NAME           | HAMILTON, JAMES C.    |                                            |
| STREET ADDRESS | 151 FARMINGTON AVE.   |                                            |
| CITY-STATE-ZIP | HARTFORD CT           |                                            |
| TITLE          | V                     | <input type="checkbox"/> DELETE            |
| NAME           | BAIRD, ZOE E          |                                            |
| STREET ADDRESS | 151 FARMINGTON AVENUE |                                            |
| CITY-STATE-ZIP | HARTFORD CT           |                                            |
| TITLE          | P                     | <input type="checkbox"/> DELETE            |
| NAME           | KEARNEY, DANIEL P     |                                            |
| STREET ADDRESS | 151 FARMINGTON AVENUE |                                            |
| CITY-STATE-ZIP | HARTFORD CT           |                                            |
| TITLE          | D                     | <input checked="" type="checkbox"/> DELETE |
| NAME           | BENANV, GARY G.       |                                            |
| STREET ADDRESS | 151 FARMINGTON AVE.   |                                            |
| CITY-STATE-ZIP | HARTFORD CT           |                                            |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-STATE-ZIP |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-STATE-ZIP |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-STATE-ZIP |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-STATE-ZIP |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-STATE-ZIP |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY-STATE-ZIP |                                                                   |

See Attached

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (as changed, or on an attachment) in an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AV.P. 22-96

Date

Day/Time Phone #

CR2E034 (12/95)

**AETNA LIFE INSURANCE AND ANNUITY COMPANY**

**OFFICERS:**

|                           |                                           |
|---------------------------|-------------------------------------------|
| DANIEL PATRICK KEARNEY    | PRESIDENT                                 |
| CHRISTOPHER JON BURNS     | SENIOR VICE PRESIDENT                     |
| LAURA ROBERTS ESTES       | SENIOR VICE PRESIDENT                     |
| JOHN YOUNG KIM            | SENIOR VICE PRESIDENT                     |
| SHAUN PATRICK MATHEWS     | SENIOR VICE PRESIDENT                     |
| SCOTT ALAN STRIEGEL       | SENIOR VICE PRESIDENT                     |
| ZOE ELIOT BAIRD           | SENIOR VICE PRESIDENT AND GENERAL COUNSEL |
| EUGENE MICHAEL TROVATO    | VICE PRESIDENT AND CONTROLLER             |
| SUSAN ELLEN SCHECHTER     | CORPORATE SECRETARY AND COUNSEL           |
| JAMES CARL HAMILTON       | VICE PRESIDENT AND TREASURER              |
| ALASTAIR GUY LONGLEY-COOK | VICE PRESIDENT AND CORPORATE ACTUARY      |
| LOUIS MAX PIROG           | ACTUARY                                   |

**DIRECTORS:**

CHRISTOPHER JON BURNS  
LAURA ROBERTS ESTES  
JAMES CARL HAMILTON  
DANIEL PATRICK KEARNEY  
JOHN YOUNG KIM  
SHAUN PATRICK MATHEWS  
SCOTT ALAN STRIEGEL