

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90131 035 \*\*\*150.00

DOCUMENT # 837255

1. Corporation Name

AETNA LIFE INSURANCE AND ANNUITY COMPANY

Principal Place of Business

151 FARMINGTON AVENUE  
TS31  
HARTFORD, CT 06156-0001  
US

Mailing Address

151 FARMINGTON AVE TS31  
HARTFORD CT 06156-0001  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1976

4. FEI Number

71-0294708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 06156-2000 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 06156-2000 30

9. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MCINERNEY, THOMAS  
STREET ADDRESS 4 BROOK RBG.  
CITY-ST-ZIP WEST SIMSBURY CT 06092

TITLE VP ☒ DELETE

NAME KELSVEN, FREDERICK  
STREET ADDRESS 5 TYLER COURT  
CITY-ST-ZIP AVON CT 06001

TITLE T ☐ DELETE

NAME KOLTENUK, DEBORAH  
STREET ADDRESS 67 HIGHLAND FARMS RD  
CITY-ST-ZIP WEST HARTFORD CT 06107

TITLE A ☐ DELETE

NAME PIROG, LOUIS  
STREET ADDRESS 53 BUCKLANDWAY  
CITY-ST-ZIP WINDSOR CT 06095

TITLE TD ☐ DELETE

NAME ELMY, JOSEPH  
STREET ADDRESS 854 WOODTICK RD.  
CITY-ST-ZIP WOLCOTT CT 06716

TITLE ASVP ☒ DELETE

NAME BEGIN, PETER  
STREET ADDRESS 1686 BOULEVARD  
CITY-ST-ZIP WEST HARTFORD CT 06107

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE CFO ☐ Change ☒ Addition

2.2 NAME Catherine Smith

2.3 STREET ADDRESS 90 Foote Hill Rd.

2.4 CITY-ST-ZIP Northford, CT 06472

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

Date

Daytime Phone #

1/6/99

800-273-6500

CR2E034 (1/1/98)

235801-90131-35  
837255

**AETNA LIFE INSURANCE AND ANNUITY COMPANY**

**FEDERAL I.D. 71-0294708**

**OFFICERS:**

<b>THOMAS J. MCINERNEY</b> 108-50-4379	<b>PRESIDENT</b>	<b>4 BROOK RDG.</b> <b>WEST SIMSBURY, CT 06092</b>
<b>CATHERINE H. SMITH</b> 348-38-1997	<b>CHIEF FINANCIAL OFFICER</b> <b>SENIOR VICE PRESIDENT,</b> <b>BUSINESS STRATEGY &amp; FINANCE</b>	<b>90 FOOTE HILL RD.</b> <b>NORTHFORD, CT 06472</b>
<b>JOHN YOUNG KIM</b> 369-74-4210	<b>SR. VICE PRESIDENT</b> <b>INVESTMENT MANAGEMENT</b>	<b>85 RIDGEBURY RD.</b> <b>AVON, CT 06001</b>
<b>DEBORAH KOLTENUK</b> 147-48-0781	<b>VICE PRESIDENT, TREASURER</b> <b>CORPORATE CONTROLLER</b>	<b>67 HIGLFARMS RD.</b> <b>WEST HARTFORD, CT 06107</b>
<b>THERESE SQUILLACOTE</b> 046-36-8846	<b>CHIEF COMPLIANCE OFFICE</b> <b>VICE PRESIDENT</b>	<b>110 PENDLETON RD.</b> <b>NEW BRITAIN, CT 06053</b>
<b>ALASTAIR GUY LONGLEY-COOK</b> 199-36-1961	<b>VICE PRESIDENT AND</b> <b>CORPORATE ACTUARY</b>	<b>1 WOODSIDE CIRCLE</b> <b>HARTFORD, CT 06105</b>
<b>KIRK PETER WICKMAN</b> 478-76-3596	<b>CORPORATE SECRETARY</b> <b>GENERAL COUNSEL</b>	<b>30 JACQUES LANE</b> <b>S. GLASTONBURY, CT 06073</b>
<b>LOUIS MAX PIROG</b> 042-38-8569	<b>ACTUARY</b>	<b>53 BUCKLANDWAY</b> <b>WINDSOR, CT 06095</b>
<b>** JOSEPH J. ELMY</b> 040-56-4830	<b>TAX DIRECTOR</b>	<b>854 WOODTICK RD.</b> <b>WOLCOTT, CT 06716</b>

**DIRECTORS:**

**SHAUN MATHEWS**  
**THOMAS J. MCINERNEY**  
**CATHERINE H. SMITH**

**\* OFFICER FOR THE PURPOSE OF AND WITH DELEGATED**  
**AUTHORITY TO SIGN ALL STATUTORY/REGULATORY FILINGS**