#### 2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001583

Entity Name: AETNA LIFE & CASUALTY (BERMUDA) LTD., COMPANY

**FILED** Apr 10, 2015 **Secretary of State** CC1133314424

## **Current Principal Place of Business:**

CANON'S COURT 22 VICTORIA STREET HAMILTON, HM 12

### **Current Mailing Address:**

151 FARMINGTON AVENUE **RW61** 

HARTFORD, CT 06156 US

FEI Number: 98-0211470 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Address

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title PRESIDENT / DIRECTOR Title **TREASURER** 

FISCUS, DEAN E. Name Name COFRANCESCO, ELAINE ROSE

Address CANON'S COURT Address CANON'S COURT

22 VICTORIA STREET 22 VICTORIA STREET

HAMILTON HM 12 HAMILTON HM 12 City-State-Zip:

City-State-Zip:

Title **SECRETARY** Title DIRECTOR

APPLEBY SERVICES, (BERMUDA) BOSSIN, ALAN Name Name LTD.

CANON'S COURT 22 VICTORIA STREET 22 VICTORIA STREET

Address

HAMILTON HM 12 City-State-Zip: HAMILTON HM 12 City-State-Zip:

Title **DIRECTOR** 

Title DIRECTOR

Name CONNOLLY, DAMIAN CARTER, LESLIE WILLIAM Name

CANON'S COURT Address Address CANON'S COURT 22 VICTORIA STREET

22 VICTORIA STREET

City-State-Zip: HAMILTON HM 12 City-State-Zip: HAMILTON HM 12

Title **DIRECTOR** Title DIRECTOR

KLIPPEL, CHARLES HAMILTON Name Name FARIES, TIMOTHY CARRICK

**CANON'S COURT** Address Address **CANON'S COURT** 

22 VICTORIA STREET 22 VICTORIA STREET

City-State-Zip: HAMILTON HM 12 City-State-Zip: HAMILTON HM 12

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CANON'S COURT

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.

04/10/2015 SIGNATURE: ELAINE ROSE COFRANCESCO TREASURER

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

DIRECTOR Title

MORRISON, GREGORY E A Name

Address

CANON'S COURT 22 VICTORIA STREET

City-State-Zip: HAMILTON HM 12