

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002662

Entity Name: AETNA HEALTH AND LIFE INSURANCE COMPANY

Current Principal Place of Business:

151 FARMINGTON AVENUE
RW4A
HARTFORD, CT 06156

Current Mailing Address:

151 FARMINGTON AVENUE RW61
HARTFORD, CT 06156 US

FEI Number: 06-0876836

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT AND DIRECTOR
Name WOOLDRIDGE, TYREE SCOTT
Address 151 FARMINGTON AVENUE
 RW4A
City-State-Zip: HARTFORD CT 06156

Title VICE PRESIDENT AND TREASURER
Name MARONEY, JOHN PATRICK
Address 151 FARMINGTON AVENUE
 RW4A
City-State-Zip: HARTFORD CT 06156

Title VP
Name LEE, EDWARD CHUNG-I
Address 151 FARMINGTON AVENUE
 RW4A
City-State-Zip: HARTFORD CT 06156

Title SECRETARY
Name LEE, EDWARD CHUNG-I
Address 151 FARMINGTON AVENUE
 RW4A
City-State-Zip: HARTFORD CT 06156

Title DIRECTOR
Name HENDRICH, STEVEN LOUIS
Address 151 FARMINGTON AVENUE
 RW4A
City-State-Zip: HARTFORD CT 06156

Title DIRECTOR
Name SHELTON, BRAD EVERETT
Address 151 FARMINGTON AVENUE
 RW4A
City-State-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 CHUNG-I LEE

SECRETARY

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date