

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000002662

**FILED**  
**Apr 09, 2015**  
**Secretary of State**  
**CC7194684819**

**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, DIRECTOR  
Name            ADKINS, SHERYL BURKE  
Address        151 FARMINGTON AVENUE  
                  RW4A  
City-State-Zip: HARTFORD CT 06156

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

Title            VICE PRESIDENT AND TREASURER  
Name            COFRANCESCO, ELAINE ROSE  
Address        151 FARMINGTON AVENUE  
                  RW4A  
City-State-Zip: HARTFORD CT 06156

Title            DIRECTOR  
Name            CALLAHAN, SANDRA KAY  
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**

**04/09/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date