

# 002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 836445

1. Entity Name  
AETNA HEALTH AND LIFE INSURANCE COMPANY

Principal Place of Business  
151 FARMINGTON AVE.  
W101  
HARTFORD CT 06156  
US

Mailing Address  
151 FARMINGTON AVE.  
W101  
HARTFORD CT 06156  
US

FILED

02 JAN 28 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0876836

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

CT CORPORATION

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

1700 SOUTH PINE ISLAND RD.

City

PLANTATION, FL 33324

FL

Zip Code

8. 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

*Blair Quetta Gray*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1/2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	BRISLIN, JOSEPH F	
STREET ADDRESS	151 FARMINGTON AVE, RE4J	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOYD, FROLY M	
STREET ADDRESS	151 FARMINGTON AVE, RE4J	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTIN, BLAKE W	
STREET ADDRESS	151 FARMINGTON AVE, RE2R	
CITY-ST-ZIP	HARTFORD CT 06156	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMYK, DAVID CHARLES	
STREET ADDRESS	980 JOLLY ROAD, U14C	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTINO, GREGORY S	
STREET ADDRESS	980 JOLLY ROAD, U19A	
CITY-ST-ZIP	BLUE BELL PA 19422	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ORKINDS, LAWRENCE G JR.	
STREET ADDRESS	151 FARMINGTON AVE, RE2R	
CITY-ST-ZIP	HARTFORD CT 06156	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Blair Quetta Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)