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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **837255** (9)

1. Corporation Name
**AETNA LIFE INSURANCE AND ANNUITY COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 151 FARMINGTON AVENUE<br>TS31<br>HARTFORD CT 06156-0001<br>US | 151 FARMINGTON AVE TS31<br>HARTFORD CT 06156-0001<br>US |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | V | ☒ DELETE | 1.1 TITLE | P | ☐ Change ☐ Addition |
| NAME | BURNS, CHRISTOPHER J. | | 1.2 NAME | Thomas McInerney | |
| STREET ADDRESS | 151 FARMINGTON AVE | | 1.3 STREET ADDRESS | 4 Brook RDG. | |
| CITY-ST-ZIP | HARTFORD CT | | 1.4 CITY-ST-ZIP | West Simsbury, CT 06092 | |
| TITLE | P | ☒ DELETE | 2.1 TITLE | V.P. | ☐ Change ☐ Addition |
| NAME | KEARNEY, DANIEL P | | 2.2 NAME | Frederick Kelsven | |
| STREET ADDRESS | 151 FARMINGTON AVENUE | | 2.3 STREET ADDRESS | 5 Tyler Court | |
| CITY-ST-ZIP | HARTFORD CT | | 2.4 CITY-ST-ZIP | Avon, CT 06001 | |
| TITLE | V | ☒ DELETE | 3.1 TITLE | T | ☐ Change ☐ Addition |
| NAME | ESTES, LAURA R. | | 3.2 NAME | Deborah Koltenuk | |
| STREET ADDRESS | 151 FARMINGTON AVE | | 3.3 STREET ADDRESS | 67 Highfarms Rd. | |
| CITY-ST-ZIP | HARTFORD CT | | 3.4 CITY-ST-ZIP | West Hartford, CT 06107 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | Actuary | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | Louis Pirog | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 53 Bucklandway | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | Windsor, CT 06095 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | TAx Director | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | Joseph Elmy | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 854 Woodtick Rd. | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | Wolcott, CT 06716 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ASVP | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | Peter Begin | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 1686 Boulevard | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | West Hartford, CT 06107 | |

CR2E034 (10/97)

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.

SIGNATURE: Asst. AVP 1/8/98