2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90085 024 ***150.00

DOCUMENT # 837255

1. Entity Name

AETNA LIFE INSURANCE AND ANNUITY COMPANY

925327

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
51 FARMINGTON AVENUE TS31 HARTFORD CT 06156-0001 US	151 FARMINGTON AVE TS31 HARTFORD CT 06156-0001 US

2. Principal Place of Business	3. Mailing Address
	151 Farmington Ave.,
Suite, Apt. #, etc.: TN41	Suite, Apt. #, etc.: TN41
City & State	City & State
Zip / Country	Zip: 06156-2000 / Country

4. FEI Number: 71-0294708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304	Name Street Address (P.O. Box Number is Not Acceptable) City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCINERNEY, THOMAS 4 BROOK RBG. WEST SIMSBURY CT 06092	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO SMITH, CATHERINE 90 FOOTE HILL RD NORTHFORD CT 06472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOLTENUK, DEBORAH 67 HIGLFARMS RD WEST HARTFORD CT 06107	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	67 HIGHFARMS RD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A PIROG, LOUIS 53 BUCKLANDWAY WINDSOR CT 06095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CONROY, MARTIN T 49 TIMBER TRAIL MANCHESTER, CT 06040	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELMY, JOSEPH 854 WOODTICK RD. WOLCOTT CT 06716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASVP BEGIN, PETER 1686 BOULEVARD WEST HARTFORD CT 06107	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHEWS, SHAUN P 19 BROOK DR. SIMSBURY, CT 06070	☐ Change ☒ Addition

CR2E034 (9/99)

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: [signature] REQUIRED Tax Director 3/15/00 860-273-6052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #