# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 20, 2001 8:00 am**
**Secretary of State**
01-20-2001 90091 026 ***150.00

0572676

DOCUMENT # 837255

1. Entity Name
AETNA LIFE INSURANCE AND ANNUITY COMPANY

| Principal Place of Business | Mailing Address |
|---|---|
| 151 FARMINGTON AVENUE<br>TN41<br>HARTFORD CT 06156-0001<br>US | 151 FARMINGTON AVE TS3T<br>TN41<br>HARTFORD CT 06156-0001<br>US |

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 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<br>CAPITOL BUILDING<br>TALLAHASSEE FL 32304 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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, 2001 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 | PD<br>MCINERNEY, THOMAS<br>4 BROOK RBG.<br>WEST SIMSBURY CT 06092 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CFOD<br>SMITH, CATHERINE<br>90 FOOTE HILL RD<br>NORTHFORD CT 06472 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SR VICE President | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>KOLTENUK, DEBORAH<br>67 HIGHFARMS ROAD<br>WEST HARTFORD CT 06107 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CONROY, MARTIN T<br>49 TIMBER TRAIL<br>MANCHESTER CT 06040 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P. | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ELMY, JOSEPH<br>854 WOODTICK RD.<br>WOLCOTT CT 06716 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MATHEWS, SHAUN P<br>19 BROOK DRIVE<br>SIMSBURY CT 06070 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SR. VICE President | ☒ Change ☐ Addition |

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:** _____ Joseph J. Elmy, Tax Director 1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 860-273-6500

CR2E034 (10/00)