FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 16 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 839780 (4)

1. Corporation Name
AETNA CASUALTY & SURETY COMPANY OF ILLINOIS

Principal Place of Business	Mailing Address
2525 CABOT DR. SUITE 301 LISLE IL 60532-3629 US	2525 CABOT DR. SUITE 301 LISLE IL 60532-3629 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1977
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 06-0876835 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
STATE OF FLORIDA
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	☐ Change ☐ Addition
NAME	ASAKI, H. ROY	1.2 NAME	
STREET ADDRESS	2525 CABOT DR., SUITE 301	1.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DWIGHT F.	2.2 NAME	
STREET ADDRESS	2525 CABOT DR., SUITE 301	2.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	INCORRECT SPELLING X Change ☐ Addition
NAME	GENANGY, GARY G.	3.2 NAME	BENANAV, GARY G.
STREET ADDRESS	151 FARMINGTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NORRIS, SHARI	4.2 NAME	
STREET ADDRESS	2525 CABOT DR., SUITE 301	4.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	PITTMAN, DAVID W	5.2 NAME	
STREET ADDRESS	2525 CABOT DR., SUITE 301	5.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	VD X Change ☐ Addition
NAME	RUDDY, ANNE C.	6.2 NAME	BERTLES, G. GREGORY
STREET ADDRESS	2525 CABOT DR., SUITE 301	6.3 STREET ADDRESS	2525 CABOT DR., SUITE 301
CITY-ST-ZIP	LISLE FL	6.4 CITY-ST-ZIP	LISLE, IL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: H. Roy Asaki H. ROY ASAKI 3/10/95 708-245-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477644 FP