

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 839780 (4)

1. Corporation Name
AETNA CASUALTY & SURETY COMPANY OF ILLINOIS



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

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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	12/30/1977		03/16/1995
4.	FBI Number	Applied For / Not Applicable	
	06-0876835		
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when no change) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	ASAKI, H. ROY	1.2 NAME	DEVITT, JOHN C.
STREET ADDRESS	2525 CABOT DR., SUITE 301	1.3 STREET ADDRESS	2525 CABOT DR., SUITE 301
CITY-ST-ZIP	LISLE IL	1.4 CITY-ST-ZIP	LISLE, IL 60532-3629
TITLE	SD	2.1 TITLE	
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	
NAME	BENANAV, GARY G.	3.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
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	
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	
NAME	BERTLES G. GREGORY	6.2 NAME	
STREET ADDRESS	2525 CABOT DR., SUITE 301	6.3 STREET ADDRESS	
CITY-ST-ZIP	LISLE FL	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD
1.2 NAME	DEVITT, JOHN C.
1.3 STREET ADDRESS	2525 CABOT DR., SUITE 301
1.4 CITY-ST-ZIP	LISLE, IL 60532-3629
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(c), 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: *John C. Devitt* JOHN C. DEVITT 3/26/96 708-245-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT/CONTROLLER

CR2E034 (12/95)