2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001583

Entity Name: AETNA LIFE & CASUALTY (BERMUDA) LTD., COMPANY

FILED Mar 26, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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CANON'S CT, 22 VICTORIA ST HAMILTON HM12, BERMUDA, BE

Current Mailing Address: New Mailing Address:

151 FARMINGTON AVE.
RT65
HARTFORD, CT 06156

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RT65
HARTFORD, CT 06156

FEI Number: 98-0211470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: PATEL, SANDIP
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title:

Name: KLIPPEL, CHARLES H Address: 151 FARMINGTON AVE. City-St-Zip: HARTFORD, CT 06156

Title: SD

Name: LINES, DAVID R

Address: CANON'S CT., 22 VICTORIA ST. City-St-Zip: HAMILTON HM EX, BERMUDA, BE

Title: VP

 Name:
 REPOLI, SUSAN T

 Address:
 151 FARMINGTON AVE.

 City-St-Zip:
 HARTFORD, CT 06156

Title:

Name: COFRANCESCO, ELAINE R Address: 151 FARMINGTON AVE. City-St-Zip: HARTFORD, CT 06156

Title:

Name: LINES, DAVID E

Address: DUART,6 MILLSHARE RD.

City-St-Zip: PEMBROKE HM 05, BERMUDA, BE

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELAINE R. COFRANCESCO T 03/26/2012