


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000538 (5)

1. Corporation Name

AETNA INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

151 FARMINGTON AVE., MAIL CODE 5807
HARTFORD CT 06156-5807

151 FARMINGTON AVE., MAIL CODE 5807
HARTFORD CT 06156-5807



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1997

4. FEI Number

06-1465377

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CLOUTIER, SANDRA B
STREET ADDRESS 40 S. MAIN ST.
CITY-ST-ZIP EAST WINDSOR CT 06088 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME WILLIS, MARK G
STREET ADDRESS 11 E. WEATOGUE ST.
CITY-ST-ZIP SIMSBURY CT 06070 ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME CADY, RICHARD E
STREET ADDRESS 6 GRIMES BROOK PLACE
CITY-ST-ZIP SIMSBURY CT 06070 ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME DAILEY, BONNIE C
STREET ADDRESS ONE GOLD ST., #4-D
CITY-ST-ZIP HARTFORD CT 06103 ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME MARR, N M
STREET ADDRESS 48 GREEN TREE LA
CITY-ST-ZIP SOMMERS CT 06071 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LEHAN, JAMES C
STREET ADDRESS 15 FREDRICKSON RD.
CITY-ST-ZIP NORFOLK MA 02058 ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

CR2E034 (10/97)

AETNA INSURANCE AGENCY, INC.

FEDERAL I.D. 06-1465377

OFFICERS:

SANDRA B. CLOUTIER 048-52-2540	PRESIDENT	40 SOUTH MAIN ST. EAST WINDSOR, CT 06088
JAMES F. LILLE	VICE PRESIDENT	
THOMAS E. KOPSIE 178-50-0408	VICE PRESIDENT	3147 COLONY LANE PLYMOUTH MEETING, PA 19462
ROSEMARY RICHARD 230-04-1409	VICE PRESIDENT CHIEF COMPLIANCE OFFICIER	60 EAST LANE BLOOMFIELD, CT 06002
MARK G. WILLIS 040-42-5589	VICE PRESIDENT	11 EAST WEATOGUE ST. SIMSBURY, CT 06070
NORMAN M. MARR 010-42-5589	TREASURER	
MARTIN C. CONROY 011-30-8792	ASST. TREASURER	49 TIMBER TRAIL MANCHESTER, CT
BONNIE C. DAILEY 377-52-0253	CORPORATE SECRETARY	236 COLLINS ST. HARTFORD, CT 06105
KAREN A. PEDDLE 041-54-9397	ASST. CORPORATE SECRETARY	44 CIMARRON RD. MIDDLETOWN, CT 06457
DEANN S. ANASTASIO 169-60-9847	ASST. CORPORATE SECRETARY	33 ROXBURY ST. HARTFORD, CT 06114

cont.

AETNA INSURANCE AGENCY, INC.

FEDERAL I.D. 06-1465377

DIRECTORS:

SANDRA CLOUTIER
048-52-2540

40 SOUTH MAIN ST.
EAST WINDSOR, CT 06088

MARY CAROL LUTZ FOX
040-44-4252

24 OAK BLUFF
AVON, CT 06001

JAMES LEHAN
022-34-2650

15 FREDRICKSON RD.
NORFOLK, MA 02056

TAX DIRECTOR:

** JOSEPH J. ELMY
040-56-4830

854 WOODTICK RD.
WOLCOTT, CT 06716

BUSINESS ADDRESS FOR ALL LISTED:

AETNA INSURANCE AGENCY, INC.
151 FARMINGTON AVENUE
HARTFORD, CT 06156

** OFFICER FOR THE PURPOSE OF AND WITH DELEGATED AUTHORITY
TO SIGN ALL STATUTORY/REGULATORY FILINGS