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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000538 (5)

Corporation Name Aetna Insurance Agency, Inc.

Principal Place of Business	Mailing Address
151 FARMINGTON AVE HARTFORD CONNECTICUT 06156	151 FARMINGTON AVE HARTFORD CONNECTICUT 06156-9154

Date Incorporated or Qualified: 01/31/1997

21 Principal Place of Business	26 Mailing Address	FEI Number: 06-1465377	Applied For ☐ Not Applicable ☐
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. TN41	Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State	28 City & State	Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No

Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation FL 33324

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

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)

OFFICERS AND DIRECTORS

TITLE	P D	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CLOUTIER, SANDRA B		1.2 NAME	JOHNSON, WILLIAM	
STREET ADDRESS	151 FARMINGTON AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	TAX DIRECTOR	☒ Change ☐ Addition
NAME	WILLIS, MARK G		2.2 NAME	ELMY, JOSEPH J	
STREET ADDRESS	151 FARMINGTON AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	DAILEY, BONNIE C		3.2 NAME	BOUNTY, THOMAS M	
STREET ADDRESS	151 FARMINGTON AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARK, N M		4.2 NAME		
STREET ADDRESS	151 FARMINGTON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEHAN, JAMES C		5.2 NAME		
STREET ADDRESS	151 FARMINGTON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD CT 06156		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME			6.2 NAME	CONROY, MARTIN	
STREET ADDRESS			6.3 STREET ADDRESS	151 FARMINGTON AVENUE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	HARTFORD, CT 06156	

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 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, with all other like empowered.

SIGNATURE: M. P. Conroy Martin Conroy Treasurer 4-28-99 860-273-6052