

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000538

1. Entity Name

AETNA INSURANCE AGENCY, INC.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90091 028 ***150.00

Principal Place of Business

Mailing Address

151 FARMINGTON AVE.
TN41
HARTFORD CT 06156-5807

151 FARMINGTON AVE.
TN41
HARTFORD CT 06156-5807

00003473



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1465377

Applied For
Not Applicable

Zip 06156-2000

Country

Zip 06156-2000

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELMY, JOSEPH J	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	S	<input type="checkbox"/> Delete
NAME	TODD, JOHN F	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONROY, MARTIN	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROHRS, MARSHA	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'LEARY, DAVID W	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reginald Bowen	
STREET ADDRESS	551 Goodale Hill Rd	
CITY-ST-ZIP	Glastonbury, CT 06033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Elmy, Tax Director

Date

Daytime Phone #

860-273-6500

CR2E034 (10/00)