

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 15 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000538

1. Entity Name

AETNA INSURANCE AGENCY, INC.

ING Insurance Services, Inc. effective 4/03/02

Principal Place of Business

151 FARMINGTON AVE.

TN41

HARTFORD CT 06156-2000

Mailing Address

151 FARMINGTON AVE.

TN41

HARTFORD CT 06156-2000

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

20 Washington Ave. S.

Suite, Apt. #, etc.

Route 1261

City & State

City & State

Minneapolis, MN

Zip

Country

55401

USA

4. FEI Number

06-1465377

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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, 2002 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 type="checkbox"/> Delete
NAME	BOWEN, REGINALD	
STREET ADDRESS	551 GOODALE HILL RD	
CITY-ST-ZIP	GLASTONBURY CT 06033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELMY, JOSEPH J	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TODD, JOHN F	
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 checked="" type="checkbox"/> Delete
NAME	O'LEARY, DAVID W	
STREET ADDRESS	151 FARMINGTON AVE	
CITY-ST-ZIP	HARTFORD CT 06103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reginald Bowen (add Director)	
STREET ADDRESS	See left	
CITY-ST-ZIP		
TITLE	Tax Officer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph J. Elmy	
STREET ADDRESS	5780 Powers Ferry Road, NW	
CITY-ST-ZIP	Atlanta, GA 30327	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paula Cludray-Engelke	
STREET ADDRESS	20 Washington Avenue S.	
CITY-ST-ZIP	Minneapolis, MN 55401	
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Augsberger	
STREET ADDRESS	151 Farmington Avenue	
CITY-ST-ZIP	Hartford, CT 06156	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christina Lareau	
STREET ADDRESS	151 Farmington Avenue	
CITY-ST-ZIP	Hartford, CT 06156	
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, further certifying 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:

*Paula Cludray-Engelke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula Cludray-Engelke

April 16, 2002

Date

Daytime Phone #

CR2E034 (9/01)