

2001 UNIFORM BUSINESS REPORT (UBR)

1/20/01

FILED

Feb 13, 2001 8:00 am
Secretary of State

01-20-2001 90091 025 ***150.00

DOCUMENT # P00000001592

1. Entity Name
AETNA INSURANCE COMPANY OF AMERICA

Principal Place of Business
5100 W. LEMON ST., STE. 213
TAMPA FL 33609

Mailing Address
5100 W. LEMON ST., STE. 213
TAMPA FL 33609



DO NOT WRITE IN THIS SPACE

2. Suite, Apt. #, etc.
3. Mailing Address
151 Farmington Ave
Suite, Apt. #, etc.
TN 41

City & State
Hartford, CT
Zip
06106-2000
Country
Hartford

4. FEI Number
06-1286272
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STATE TREASURER AND INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32399-0300

7. Name and Address of New Registered Agent
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	D	<input checked="" type="checkbox"/> Delete
NAME	HAXTON, STEVEN A	
STREET ADDRESS	4 COBTAIL WAY	
CITY-ST-ZIP	SIMSBURY CT 06070	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINERNEY, THOMAS J	
STREET ADDRESS	4 BROOK RIDGE	
CITY-ST-ZIP	W. SIMSBURY CT 06092	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, CATHERINE H	
STREET ADDRESS	90 FOOTE HILL RD.	
CITY-ST-ZIP	NORTHFORD CT 06047	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATHEWS, SHAUN P	
STREET ADDRESS	19 BROOK DR.	
CITY-ST-ZIP	SIMSBURY CT 06070	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	O'LEARY, DAVID W	
STREET ADDRESS	77 LOFGREN RD.	
CITY-ST-ZIP	AVON CT 06001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	SR. VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN T. CONROY	
STREET ADDRESS	49 Timber Trail	
CITY-ST-ZIP	Manchester, CT 06060	

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: Martin T. Conroy Martin T. Conroy V.P. 860-273-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)