

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 2-12-96 B 990

DOCUMENT # P28319

(2)

1. Corporation Name

AETNA INSURANCE COMPANY OF AMERICA

Principal Place of Business

151 FARMINGTON AVE.
HARTFORD CT 06156

Mailing Address

151 FARMINGTON AVE. REAB
HARTFORD CT 06156



3. Date Incorporated or Qualified

02/26/1990

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

06-1286272

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

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	ASVP	<input type="checkbox"/> DELETE
NAME	BEGIN, PETER	
STREET ADDRESS	151 FARMINGTON AVE.	
CITY - ST - ZIP	HARTFORD CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	KEARNEY, DANIEL	
STREET ADDRESS	151 FARMINGTON AVE	
CITY - ST - ZIP	HARTFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCKEON, MARIA	
STREET ADDRESS	151 FARMINGTON AVE	
CITY - ST - ZIP	HARTFORD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMILTON, JAMES C.	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY - ST - ZIP	HARTFORD CT	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MURPHY, RICHARD	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY - ST - ZIP	HARTFORD CT	
TITLE	SRVP	<input type="checkbox"/> DELETE
NAME	STRIEGEL, SCOTT	
STREET ADDRESS	151 FARMINGTON AVENUE	
CITY - ST - ZIP	HARTFORD CT	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

See Attached
Listing

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.V.P.

Date

Daytime Phone #

CR2E034 (12/95)

AETNA INSURANCE COMPANY OF AMERICA

OFFICERS:

DANIEL P. KEARNEY	PRESIDENT	151 FARMINGTON AVENUE HARTFORD, CT 06156
SHAUN P. MATHEWS	SENIOR VICE PRESIDENT	151 FARMINGTON AVENUE HARTFORD, CT 06156
SCOTT STRIEGEL	SENIOR VICE PRESIDENT	151 FARMINGTON AVENUE HARTFORD, CT 06156
JAMES C. HAMILTON	VICE PRESIDENT, TREASURER ALTERNATE QUALIFIED ACTUARY	151 FARMINGTON AVENUE HARTFORD, CT 06156
MARY L. MAREK	VICE PRESIDENT CORPORATE ACTUARY	151 FARMINGTON AVENUE HARTFORD, CT 06156
MARIA F. MCKEON	CORPORATE SECRETARY AND COUNSEL	151 FARMINGTON AVENUE HARTFORD, CT 06156
CATHERINE A. LENTON	ASSISTANT CORPORATE SECRETARY	151 FARMINGTON AVENUE HARTFORD, CT 06156
LOUIS M. PIROG	QUALIFIED ACTUARY	151 FARMINGTON AVENUE HARTFORD, CT 06156
FRANK BALLAS	ASSISTANT VICE PRESIDENT ACTUARY	151 FARMINGTON AVENUE HARTFORD, CT 06156
PETER F. BEGIN	ASSISTANT VICE PRESIDENT	151 FARMINGTON AVENUE HARTFORD, CT 06156

DIRECTORS:

JAMES C. HAMILTON
SHAUN P. MATHEWS
DANIEL P. KEARNEY
SCOTT STRIEGEL