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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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. - TS31
HARTFORD CT 06156-0001

3. Date Incorporated or Qualified 02/26/1990	3a. Date of Last Report 02/12/1996
4. FEI Number 06-1286272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32399

10. 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

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASVP BEGIN, PETER 151 FARMINGTON AVE. HARTFORD CT	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEARNEY, DANIEL 151 FARMINGTON AVE HARTFORD CT	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCKEON, MARIA 151 FARMINGTON AVE HARTFORD CT	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HAMILTON, JAMES C. 151 FARMINGTON AVENUE HARTFORD CT	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MATTHEWS, SHAUN P 151 FARMINGTON AVE HARTFORD CT	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVP STRIEGEL, SCOTT 151 FARMINGTON AVENUE HARTFORD CT	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See Attached List

14. I do 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.

SIGNATURE: *Joseph J. [Signature]* 11/7/97 860-273-2366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

AETNA INSURANCE COMPANY OF AMERICA

OFFICERS:

DANIEL PATRICK KEARNEY	PRESIDENT
LAURA ROBERTS ESTES	SENIOR VICE PRESIDENT
MARIA FRANCES MCKEON	CORPORATE SECRETARY AND COUNSEL
LOUIS MAX PIROG	ACTUARY
DEBORAH KOLTENUK	VICE PRESIDENT AND TREASURER CORPORATE CONTROLLER
ALASTAIR GUY LONGLEY-COOK	VICE PRESIDENT AND CORPORATE ACTUARY

DIRECTORS:

**DANIEL P. KEARNEY
LAURA ROBERTS ESTES
DEBORAH KOLTENUK
JAMES JOSEPH MALLOZZI**

TAX DIRECTOR:

**JOSEPH J. ELMY
(DELICATED AUTHORITY TO SIGN
STATUTORY REGULATORY FORMS)**