

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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.  
HARTFORD CT 06156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1990	
21		26		4. FEI Number 06-1286272	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	Zip	25	Country	29	30

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGIN, PETER	1.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, DANIEL	2.2 NAME	Thomas McInerney
STREET ADDRESS	151 FARMINGTON AVE	2.3 STREET ADDRESS	151 Farmington Ave.
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	Hartford, CT 06156
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEON, MARIA	3.2 NAME	
STREET ADDRESS	151 FARMINGTON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: Peter Begin, ASVP, P. Begin, ASVP, P. 1/18/98 84-2731-570

CR2E034 (10/97)