

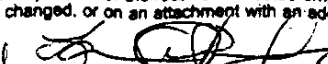
FILED

May 13, 1999 8:00 am
Secretary of State

05-13-1999 90008 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P28319 ✓ (2) Corporation Name Aetna Insurance Company of America			
Principal Place of Business 151 FARMINGTON AVE HARTFORD CONNECTICUT 06156		Mailing Address 151 FARMINGTON AVE HARTFORD CONNECTICUT 06156-9154	
Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		Mailing Address 26 Suite, Apt. #, etc. 27 TN 41 28 City & State 29 Zip Country	
Date Incorporated or Qualified 02/26/1990		FEI Number 06-1286272	
Certificate of Status Desired ☐		Applied For Not Applicable	
Election Campaign Financing ☐		\$8.75 Additional Fee Required	
Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No		Name and Address of Current Registered Agent (STATE INSURANCE COMMISSIONER) CAPITOL BLDG. TALLAHASSEE FL 32399	
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		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 principal 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 reinstating) DATE _____			
OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McINERNEY, THOMAS 151 FARMINGTON AVE HARTFORD CT	☐ DELETE	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP BEGIN, PETER 151 FARMINGTON AVE HARTFORD CT	☒ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCKEON, MARIA 151 FARMINGTON AVE HARTFORD CT	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARTFORD CT	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARTFORD CT	☐ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HARTFORD CT	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE  Lawrence Orkins, Tax Director 4-28-99 860-273-6052