FILE NO. & FEE ATTD

# PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 13, 1999 8:00 am**
**Secretary of State**
05-13-1999 90008 040 ***150.00

DOCUMENT # P28319 ✓ (2)

Corporation Name

Aetna Insurance Company of America

548072 - 90008 - 40

| Principal Place of Business | Mailing Address |
|---|---|
| 151 FARMINGTON AVE<br>HARTFORD CONNECTICUT 06156 | 151 FARMINGTON AVE<br>HARTFORD CONNECTICUT 06156-9154 |

Date Incorporated or Qualified: 02/26/1990

FEI Number: 06-1286272 ☐ Applied For ☐ Not Applicable

| | |
|---|---|
| 21 Principal Place of Business | 26 Mailing Address |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. TN41 |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

Certificate of Status Desired ☐ — $8.75 Additional Fee Required

Election Campaign Financing 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**OFFICERS AND DIRECTORS**

| | | | | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCINERNEY, THOMAS | | 1.2 NAME | | |
| STREET ADDRESS | 151 FARMINGTON AVE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HARTFORD CT | | 1.4 CITY-ST-ZIP | | |
| TITLE | ASVP | ☒ DELETE | 2.1 TITLE | TAX DIRECTOR | ☐ Change ☒ Addition |
| NAME | BEGIN, PETER | | 2.2 NAME | ORKINS, LAWRENCE | |
| STREET ADDRESS | 151 FARMINGTON AVE. | | 2.3 STREET ADDRESS | 151 FARMINGTON AVENUE | |
| CITY-ST-ZIP | HARTFORD CT | | 2.4 CITY-ST-ZIP | HARTFORD, CT 06156 | |
| TITLE | S | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ 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 | | ☐ DELETE | 4.1 TITLE | TAX DIRECTOR | ☐ Change ☒ Addition |
| NAME | | | 4.2 NAME | ELMY, JOSEPH J. | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | 151 FARMINGTON AVENUE | |
| CITY-ST-ZIP | HARTFORD CT | | 4.4 CITY-ST-ZIP | HARTFORD, CT 06156 | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 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: [signature] Lawrence Orkins, Tax Director 4-28-99 860-273-6052
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #