

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90166 029 ***150.00

DOCUMENT # **H06472**

1. Corporation Name
AETNA U.S. HEALTHCARE, INC.

Principal Place of Business

980 JOLLY RD
PO BOX 1109
BLUE BELL PA 19422

Mailing Address

980 JOLLY RD
PO BOX 1109
BLUE BELL PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1984

4. FEI Number

59-2411584

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
110 N. MAGNOLIA ST
TALLAHASSEE FL 32301

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

TITLE PD ☐ DELETE

NAME MURPHY, JOSEPH SCOTT

STREET ADDRESS 980 JOLLY RD

CITY-ST-ZIP BLUE BELL PA 19422

TITLE VSD ☐ DELETE

NAME SIMON, DAVID F.

STREET ADDRESS 980 JOLLY RD

CITY-ST-ZIP BLUE BELL PA 19422

TITLE T ☐ DELETE

NAME SMYK, DAVID C.

STREET ADDRESS 980 JOLLY RD

CITY-ST-ZIP BLUE BELL PA 19422

TITLE V ☐ DELETE

NAME WILLIAMS, ROBERT A.

STREET ADDRESS 980 JOLLY RD

CITY-ST-ZIP BLUE BELL PA 19422

TITLE V ☒ DELETE

NAME GOODEN, JERALD B.

STREET ADDRESS 980 JOLLY RD

CITY-ST-ZIP BLUE BELL PA 19422

TITLE V ☐ DELETE

NAME WARRICK, RICHARD S.

STREET ADDRESS 980 JOLLY RD

CITY-ST-ZIP BLUE BELL PA 19422

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Stephen Edward Wohlwend

1.3 STREET ADDRESS 980 Jolly Rd

1.4 CITY-ST-ZIP Blue Bell PA 19422

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)