PROFIT CORPORATION ANNUAL REPORT 2000

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

FILED
Jun 05, 2000 8:00 am
Secretary of State
06-05-2000 90015 043 ***150.00

DOCUMENT # H06472

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

Principal Place of Business	Mailing Address
980 JOLLY RD PO BOX 1109 BLUE BELL PA 19422	980 JOLLY RD PO BOX 1109 BLUE BELL PA 19422

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1984

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: The Prentice-Hall Corporation System, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee, FL 85 Zip Code: 32301

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: MURPHY, JOSEPH SCOTT STREET ADDRESS: 980 JOLLY RD CITY-ST-ZIP: BLUE BELL PA 19422	☒ DELETE	1.1 TITLE: PD 1.2 NAME: Joseph T. Blanford 1.3 STREET ADDRESS: 11675 Great Oaks Way 1.4 CITY-ST-ZIP: Alpharetta, GA 30022	☐ Change ☐ Addition
TITLE: VSD NAME: SIMON, DAVID F. STREET ADDRESS: 980 JOLLY RD CITY-ST-ZIP: BLUE BELL PA 19422	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: T NAME: SMYK, DAVID C. STREET ADDRESS: 980 JOLLY RD CITY-ST-ZIP: BLUE BELL PA 19422	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: WILLIAMS, ROBERT A. STREET ADDRESS: 980 JOLLY RD CITY-ST-ZIP: BLUE BELL PA 19422	☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: Stephen E. Wohlwend STREET ADDRESS: 980 JOLLY RD CITY-ST-ZIP: BLUE BELL PA 19422	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: WARRICK, RICHARD S. STREET ADDRESS: 980 JOLLY RD CITY-ST-ZIP: BLUE BELL PA 19422	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 addition, with all other like empowered.

SIGNATURE: _____ 4-27-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #