PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 16 PM 5:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H06472

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****750.00 ****750.00

1. Corporation Name
Aetna U.S. Healthcare, Inc.

2. Principal Office Address	3. Mailing Office Address
980 Jolly Road	5100 West Lemon Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 218
City & State	City & State
Blue Bell, PA	Tampa, FL
Zip / Country	Zip / Country
19422 / US	33609 / US

4. Date Incorporated or Qualified To Do Business in Florida June 4, 1984

5. FEI Number 59-2411584 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

REINSTATEMENT 01 18

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN
SALVINA AMENTA-GRAY SPECIAL ASSISTANT SECRETARY
Date 10-15-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	John James Webb	980 Jolly Road, U20D	Blue Bell, PA 19422
VPS	Gregory Stephen Martino	980 Jolly Road, U19A	Blue Bell, PA 19422
VPT	David Charles Smyk	980 Jolly Road, U14C	Blue Bell, PA 19422
V	Stephen Edward Wohlwend	5100 West Lemon Street, F400	Tampa, FL 33609
VP	Blake Walker Martin	151 Farmington Avenue, RE2R	Hartford, CT 06156
AS	William Calvin Baskin III	151 Farmington Avenue, RC4B	Hartford, CT 06156

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: BLAKE W. MARTIN 10/10/01 860-952-5116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #