FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90977 012 ***150.00

DOCUMENT # H06472

1. Entity Name
AETNA HEALTH INC.

DO NOT WRITE IN THIS SPACE

11021839

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
151 Farmington Avenue	151 Farmington Ave., W101
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hartford, CT	City & State: Hartford, CT
Zip: 06156 Country: US	Zip: 06156 Country: US

4. FEI Number: 59-2411584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

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

City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	BROWN, CHARLES TIMOTHY PRESIDENT 151 Farmington Avenue Hartord, CT 06156
	MARTINO, GREGORY STEPHEN VP 980 Jolly Road Blue Bell, PA 19422
	SMITH, RUSSELL PAGE VP + TREAS 151 Farmington Avenue Hartford, CT 06156
	MARTIN, BLAKE WALKER VP 151 Farmington Avenue Hartford, CT 06156
	WEBB, JOHN J. DIRECTOR 11675 Great Oaks Way Alpharetta, GA 30022
	BASKIN, WILLIAM CALVIN III VP & SECY 151 Farmington Avenue Hartford, CT 06156

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 16 APR 2003 866-273-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL210 - 1/09/03 C T System Online