

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000103818

FILED
Apr 19, 2011
Secretary of State

Entity Name: AETNA BETTER HEALTH INC.

Current Principal Place of Business:

4645 E COTTON CENTER BLVD, BLDG 1
PHOENIX, AZ 85040

New Principal Place of Business:

Current Mailing Address:

4645 E COTTON CENTER BLVD, BLDG 1
PHOENIX, AZ 85040

New Mailing Address:

151 FARMINGTON AVE.
RT65
HARTFORD, CT 06156

FEI Number: 80-0671703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33334 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEPD
Name: KELLY, THOMAS L
Address: 4645 E COTTON CENTER BLVD, BLDG 1
City-St-Zip: PHOENIX, AZ 85040

Title: VPAT
Name: FISCHER, BRIAN K
Address: 4645 E COTTON CENTER BLVD, BLDG 1
City-St-Zip: PHOENIX, AZ 85040

Title: VPS
Name: KESSLER, ROBERT MD
Address: 4645 E COTTON CENTER BLVD, BLDG 1
City-St-Zip: PHOENIX, AZ 85040

Title: VPT
Name: COFRANCESCO, ELAINE R
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFOED, CT 06156

Title: VCON
Name: PALMA, JENNIFER A
Address: 980 JOLLY RD.
City-St-Zip: BLUE BELL, PA 19422

Title: VPAS
Name: LEE, EDWARD C
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDEARD C. LEE

VPAS

04/19/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date