

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000103818

**Entity Name:** AETNA BETTER HEALTH INC.

**Current Principal Place of Business:**

4500 E. COTTON CENTER BLVD.  
PHOENIX, AZ 85040

**Current Mailing Address:**

151 FARMINGTON AVENUE  
RW61  
HARTFORD, CT 06156 US

**FEI Number:** 80-0671703

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title VP, ASST. TREASURER, DIRECTOR  
Name BACON, DEBRA J.  
Address 4500 E. COTTON CENTER BLVD.  
City-State-Zip: PHOENIX AZ 85040

Title DIRECTOR  
Name OSBORNE, MARY LOUISE E.  
Address 4500 E. COTTON CENTER BLVD.  
City-State-Zip: PHOENIX AZ 85040

Title PRESIDENT, CEO, DIRECTOR  
Name SEDMAK, PAMELA SUE  
Address 4500 E. COTTON CENTER BLVD.  
City-State-Zip: PHOENIX AZ 85040

Title VP, ASST. SECRETARY  
Name LEE, EDWARD CHUNG-I  
Address 151 FARMINGTON AVENUE  
RW61  
City-State-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:** EDWARD CHUNG-I LEE

**ASSISTANT SECRETARY** 04/07/2016

Electronic Signature of Signing Officer/Director Detail

Date