2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003216

Entity Name: AETNA MEDICAID ADMINISTRATORS LLC

Current Principal Place of Business:

4750 44TH PLACE, SUITE 150
PHOENIX, AZ 85040

Current Mailing Address:

4750 44TH PLACE, SUITE 150
PHOENIX, AZ 85040 US

FEI Number: 85-0842559

FILED
Apr 23, 2024
Secretary of State
6079775706CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title	MEMBER
Name	AETNA HEALTH HOLDINGS, LLC
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	PRESIDENT
Name	SANTOS, MARK COSTA
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	VICE PRESIDENT AND SECRETARY
Name	CLARK, THORNE WASHBURN
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	ASSISTANT TREASURER
Name	HEALY, ROBERT SEAN
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	VICE PRESIDENT AND ASSISTANT SECRETARY
Name	LEE, EDWARD CHUNG-I
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	VICE PRESIDENT AND TREASURER
Name	SMITH, TRACY LOUISE
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	ASSISTANT TREASURER
Name	CHUEY, LINDSAY A
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	ASSISTANT TREASURER
Name	PARR, MARC A.
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD CHUNG-I LEE ASSISTANT SECRETARY 04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASSISTANT TREASURER
Name	STEPONAITIS, DIANE E.
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	ASSISTANT SECRETARY
Name	CIANCI, WENDYANN M
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	ASSISTANT SECRETARY
Name	FINCH, DEBORAH E
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	ASSISTANT SECRETARY
Name	BEAULIEU, SHEELAGH M.
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040

Title	ASSISTANT SECRETARY
Name	COLE, JOSHUA C.
Address	4750 44TH PLACE, SUITE 150
City-State-Zip:	PHOENIX AZ 85040