2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

DOCUMENT# F01000005292

Entity Name: AETNA STUDENT HEALTH AGENCY INC.

Current Principal Place of Business:

1 CHARLES PARK
CAMBRIDGE, MA 021421254

New Principal Place of Business:

Current Mailing Address:

151 FARMINNTON AVE.
W101
HARTFORD, CT 06156

New Mailing Address:

151 FARMINNTON AVE.
RT65
HARTFORD, CT 06156

FEI Number: 04-2708160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD
Name: KIDD, CHEKESHA C
Address: ONE CHARLES PARK
City-St-Zip: CAMBRIDGE, MA 02142

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

Title: T
Name: QUIRK, ALFRED P JR
Address: 151 FARMINGTON AVE.
City-St-Zip: HARTFORD, CT 06156

Title: CFO
Name: PEASE, MARYELLEN
Address: ONE CHARLES PARK
City-St-Zip: CAMBRIDGE, MA 02142

Title: CONT
Name: PENNEY, JAN
Address: ONE CHARLES PARK
City-St-Zip: CAMBRIDGE, MA 02142

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 C. LEE CLER 04/19/2011

Electronic Signature of Signing Officer or Director — Date