2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06472

Entity Name: AETNA HEALTH INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4630 WOODLANDS CORP BLVD TAMPA, FL 33614						
Current Mailing Address:			New Mailii	New Mailing Address:		
151 FARMINGTON AVE., W101 HARTFORD, CT 06156						
FEI Number:	59-2411584	FEI Number Applied For () FEI No	umber Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KING, CLARENCI	S FREEWAY 3RD FL	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition KING, CLARENCE C 2777 STEMMONS FREEWAY 3RD FL DALLAS, TX 75207		
Title: Name: Address: City-St-Zip:	VP () E MARTINO, GREG 980 JOLLY RD,U BLUE BELL, PA	19A	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MARTINO, GREGORY S 980 JOLLY RD,U13A BLUE BELL, PA 19422		
Title: Name: Address: City-St-Zip:	VPT () E SMITH, RUSSELI 151 FARMINGTO HARTFORD, CT	N AVE.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () C HAUSER, JR, WII 11675 GREAT OA ALPHARETTA, GA	AKS WAY	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DPFI () C WIGHMAN, DEBC 11675 GREAT OA ALPHARETTA, GA	AKS WAY	Title: Name: Address: City-St-Zip:	DPFI (X) Change () Addition WIGHTMAN, DEBORAH M 11675 GREAT OAKS WAY ALPHARETTA, GA 30022		
Title: Name: Address: City-St-Zip:	VPS () D BASKIN, WILLIAM 151 FARMINGTO HARTFORDL, CT	N AVENUE,RC4B	Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM C BASKIN III VP.S 04/28/2006