2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06472

Entity Name: AETNA HEALTH INC.

FILED Apr 11, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4630 WOODLANDS CORP BLVD TAMPA, FL 33614							
Current Mailing Address:				New Mailing Address:			
151 FARMINGTON AVE., W101 HARTFORD, CT 06156			151 FARMINGTON AVE., W101 HARTFORD, CT 06156				
FEI Number: 59-2411584 FEI Number Applied For ()		FEI Num	umber Not Applicable () Certificate		Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and					Address of N	lew 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: AD				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delete KING, CLARENCE C 2777 STEMMONS FREEWAY 3RD FL DALLAS, TX 75207			Title: Name: Address: City-St-Zip:	PD (X) Change () Addition KING, CLARENCE C 4630 WOODLANDS CORP BLVD. TAMPA, FL 33614		
Title: Name: Address: City-St-Zip:	VP () E MARTINO, GREG 980 JOLLY RD,U BLUE BELL, PA	13A		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	VPT () C COFRANCESCO, 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:	DVP (X) HAUSER, JR, V 11675 GREAT ALPHARETTA,	OAKS WAY	
Title: Name: Address: City-St-Zip:	D () E WIGHTMAN, DEE 11675 GREAT OA ALPHARETTA, GA	AKS WAY		Title: Name: Address: City-St-Zip:	()	Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS () D BASKIN, WILLIAM 151 FARMINGTO HARTFORDL, CT	N AVENUE,RC4B		Title: Name: Address: City-St-Zip:	LEE, EDWARD	ON AVENUE,RC4B	

I hereby certify that the information supplied with this filing does not qualify 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: EDWARD C. LEE VPS 04/11/2008